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UNIVERSITY OF ALBERTA

THE RELATIONSHIPS BETWEEN ASSERTIVENESS, SOCIAL COMPETENCE, AND EMPATHY

©

By

KIMBERLY LOUISE UNRAU

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
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IN
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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled THE RELATIONSHIPS BETWEEN ASSERTIVENESS, SOCIAL COMPETENCE AND EMPATHY submitted by KIMBERLY LOUISE UNRAU in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in COUNSELLING PSYCHOLOGY.

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ABSTRACT

The relationships between assertiveness, social competence (as indexed by Adler's social interest) and empathy were examined by correlating scores on self-report measures of the constructs, using a voluntary sample of undergraduate education students, 18 males and 77 females. Analysis indicated a slight, positive relationship between assertiveness and social competence as measured by social interest, and between empathy and social interest. It was also found that social competence was better predicted by combining assertiveness and empathy than by either predictor alone. No relationship was found between assertiveness and empathy. The findings support the conceptualization of Adler's construct of social interest as a model of social competence, the inclusion of assertiveness within Adler's theoretical framework, and the inclusion of empathy in assertiveness training programs to enhance the effectiveness and social acceptance of assertive behaviour. Implications of the study for the future direction of assertiveness research and training, and for the measurement of social competence are discussed.

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CHAPTER 1 - INTRODUCTION

During the 1960's and 1970's, the little-known construct of assertiveness suddenly shot to the top of the pop psychology charts. Assertiveness can be defined as "interpersonal behavior involving the honest and relatively straightforward expression of thoughts and feelings [that is] socially appropriate [and in which] the feelings and welfare of others are taken into account" (Rimm & Masters, 1979, p. 63). Assertiveness is postulated to be important in the following behaviors: "giving and receiving compliments, making requests, initiating and maintaining conversations, standing up for rights, refusing requests, and expressing personal opinions, displeasure, anger and positive feelings" (Galassi & Galassi, 1977). In the midst of the civil rights and women's movements of those times, assertiveness became the battle cry for groups who saw themselves as oppressed to claim their rights as equal citizens in a democratic society. Self-help books, weekend workshops, and tapes in assertiveness training were quickly developed and marketed to an enthusiastic public. Clinicians joined with this enthusiasm by prescribing assertiveness training as a panacea for clients with presenting problems as diverse as alcoholism and sexual dysfunction (Rakos, 1991).

However, since the mid-eighties, assertiveness training programs have declined in popularity among the general public, and clinicians no longer view these programs as universally suitable treatment. This stems in part from the inability of packaged training programs to bring about long-term improvements in the level of assertiveness of participants (e.g., Emmons & Alberti, 1983). There is also a growing body of scientific evidence that indicates that the social consequences of assertiveness are not as universally positive as once predicted (e.g., Delamater & McNamara, 1986). Some experts in the field are even calling

to abandon the construct of assertiveness as unworkable for both clinicians and researchers (Galassi, Galassi, & Vedder, 1981).

During a span of thirty years, assertiveness, which once reached dizzying levels of popularity, now suffers scathing criticisms. What went wrong? What were the factors that led to such an enthusiastic acceptance of assertiveness ideas, and then led to their downfall? Would it be best to abandon the notion, as has been suggested, or could there be something of value salvaged from the large body of work that has been amassed in the assertiveness field?

It is the hypothesis of this author that the construct of assertiveness is valuable and worth rescuing. The lack of positive results of, and the dissatisfaction with, assertiveness training programs can be seen to result from the unusual historical development of the field rather than from an inherent lack of usefulness of the construct itself. Meeting the enormous popular demand for the programs (e.g., from women's consciousness-raising groups) strained the ability of the scientific community to provide a solid theoretical and research basis for the training procedures. This led to shortcomings related to the theory, definition, and assessment of assertiveness, which still plague the field today.

The purpose of this paper is to explore some of the reasons behind the present limitations of the assertiveness field, and to provide empirical evidence that assertiveness should be pursued as a topic for scientific study in psychology. To accomplish the latter, it is necessary to test one of the basic assumptions made about assertive behavior: that it is an important component of overall social competence. This requires a solid theoretical model of social competence, a model of human behavior focusing on positive, healthy development. Such models represent a movement away from focusing on pathology, as do the defect models of behavior (such as the medical model of mental pathology and psychoanalysis) that have dominated psychology in the past (Wine, 1981). The

provision of empirical evidence also requires an instrument that measures social competence (Levenson & Gottman, 1978). The lack of sound theory and assessment instruments has hampered development of the social competence construct thus far.

The argument is made that Adler's construct of social interest (Adler, 1956) provides an existing theoretical framework from which to gauge levels of social competence. Social interest can be defined as "a sense of communion, of feeling that one is embedded in the stream of life, of concern for the welfare of others. The degree of a person's social interest determines his ability and willingness to function socially . . ." (Dreikurs, 1971, p. ix). Behaviors associated with social interest include identification, empathy, sympathy, understanding, cooperation, altruism, encouragement, and mutual respect (Crandall, 1981; Kaplan, 1986). If assertiveness is indeed a component of social competence as measured by social interest, then it should be possible to demonstrate a relationship between the two constructs.

The demonstration of a relationship between assertiveness and social competence as indexed by social interest would clearly highlight the importance of assertiveness. Recently, however, some negative consequences of behaving assertively have become known, which researchers speculate have an effect on the long-term efficacy of assertion. Models acting assertively were perceived as less kind and more hostile, and the interaction as less satisfying for the recipient than when models were acting non-assertively (Woolfolk & Dever, 1979). Several researchers studying the social perception of assertive behavior have suggested that improvement could be achieved by adding another component of social competence, empathy, to the standard assertive responses taught in popular training programs. Empathy can be defined as "affective responsiveness to

another's emotional state (frequently as the result of cognitively identifying with the other's state)" (Eisenberg & Lennon, 1983, p. 101).

It is the opinion of this author, in agreement with social perception researchers, that the extra consideration for the feelings of others, politeness, and kindness involved in empathy should alleviate the negative social evaluation of assertive behavior. Furthermore, according to Adler's (1956) theory of social interest, the inclusion of empathy should increase the social value and hence, the social competence, of assertive behaviour. Although the increased positive social consequences of empathic assertiveness over standard assertiveness have been demonstrated experimentally (e.g., Woolfolk & Dever, 1979), there has as yet been no attempt to train empathic assertive methods in the clinical setting.

The proposal that empathy be added to assertiveness training programs to produce better social results raises the question of the relationship between assertiveness and empathy in typical individuals. It could be that assertiveness and empathy are correlated in a moderately positive way, since both are proposed to be related to social competence, and because the definition of assertiveness quoted above includes a component of empathy. The proposal also implies that combining the two constructs of empathy and assertiveness should result in higher levels of social competence (as measured by social interest) than for either construct alone. The higher the level of social competence that can be achieved, the more positive will be the social consequences of the trained skills. When assertiveness trainees experience the social rewards of newly acquired skills, they are more likely to continue to practice those skills over the long term.

The preceding analysis of the relationships between assertiveness, social competence, and empathy suggests the usefulness of an empirical examination of the following research questions:

Research Question 1. Are the constructs of assertiveness and social competence related? Posing this question in statistical terms, do scores on a measure of assertiveness correlate positively with scores on a measure of social competence as indexed by social interest? Only a moderate relationship is postulated, as assertiveness is assumed to be only one of several components making up social competence.

Research Question 2. Are the constructs of empathy and social competence related? Again, in statistical terms, do scores on a measure of empathy correlate positively with scores on a measure of social competence, social interest? Only a moderate relationship is postulated, as empathy is taken to be only one of several components making up the more global construct of social competence.

Research Question 3. Are assertiveness and empathy related? In analytical terms, do scores on a measure of empathy correlate positively with scores on a measure of assertiveness? A low, positive correlation is predicted.

Research Question 4. Does the combination of empathy with assertiveness result in higher levels of social competence? Analytically, when subjected to a multiple regression analysis, is more of the variance associated with the measurement of social competence accounted for by adding both assertiveness and empathy to the regression equation?

To provide answers to these research questions, scores on a test of social competence, operationalized as social interest, were correlated with scores on a test of empathy and with scores on a test of assertiveness among a voluntary sample of 95 undergraduate educational psychology students.

In the next chapter, a selected review of the relevant literature is presented. The limitations of assertiveness training programs, and the social perceptions of assertiveness are reviewed, followed by an examination of the theoretical, definitional and assessment problems in the field of assertiveness. Evidence is

presented to support the contention that conceptualizing assertiveness within a social competence framework, especially Adler's social interest theory, will provide promising new direction for the field of assertiveness.

Chapter 3 outlines the sample, test instruments and procedures used in collecting data for this study, and Chapter 4 presents analyses of the results. Chapter 5 is a discussion of the findings and limitations of the study. Finally, the implications and suggestions for further research as suggested by the results of this study are discussed.

CHAPTER 2 - REVIEW OF THE LITERATURE

In this chapter, evidence of the limitations of assertiveness as it is now conceived will be presented. The possible reasons for the limitations will be suggested by examining the historical development of the construct of assertiveness, and some conclusions about the present state of the field presented. Then the argument will be presented that a fruitful direction for assertiveness study is to bring it into relationship with the important construct of social competence, as outlined by Adler's concept of social interest. Finally, it will be shown that the addition of empathy to standard assertiveness holds promise for increases in the long-term effectiveness of assertiveness training programs.

Limitations of Assertiveness Training Programs

Assertiveness training was introduced in a clinical setting and was embraced by clinicians as a simple skills training treatment that could be easily taught, was universally applicable to clients, and could do little harm. Given impetus through the spirit of the times, it then became a clinical panacea. For example, research has been published on the clinical usefulness of assertiveness training with the following: alcohol abuse, smoking and drug abuse treatment and prevention, obesity, anorexia, social anxiety and shyness, sexual dysfunction, stuttering, agoraphobia, self-esteem, public-speaking anxiety, aggressive behaviour of children and adolescents, psychiatric inpatients, depression, and also in the rehabilitation of the mentally retarded, and of sexual and violent offenders.

Beyond the initial enthusiasm with what seemed to be a universal treatment, some doubts about the effectiveness of assertiveness training programs began to be raised. As early as 1970, McFall and Marston commented that compared to other behavioural training techniques, assertiveness was ". . .complex, unsystematic and unstandardized . . ." (p.295). Galassi and Galassi (1978) deplored the lack of standardization of assertiveness packages, and claimed that

"the combination of assertion techniques employed appears to be determined primarily by convention and personal preference rather than by functional analysis, or the characteristics of the population or individual being treated" (p. 22). Differences in methodologies and samples make it difficult to compare results across different packages. In the same vein, Heimberg, Montgomery, Madsen, and Heimberg (1977) pointed out that treatments "have been designed on the basis of *a priori* judgments of what is important" (p. 966). Various authors have commented on factors that contribute to the failure of assertiveness training programs, and that need to be addressed prior to treatment: inconsistent teaching models and inferior background of trainers (Ruben & Ruben, 1989); inadequate assessment and inappropriate referral, "canned" procedures, and failure to take client characteristics into account (Emmons & Alberti, 1983).

The area of greatest concern among clinicians prescribing assertiveness training is the lack of generalizability of skills learned in training programs to situations in the daily lives of trainees. Galassi and Galassi outlined four types of generalization that might be expected to occur. The first is from trained to untrained, yet similar, situations within the training environment, and a number of studies were cited which reported good results for this type of generalization. The second is generalization from one type of assertive behavior to another type (e.g., refusing a request to giving a compliment). There appears to be little transfer in such situations, as reported in the literature. A third type is generalization of trained skills to situations outside the training setting. The Galassis reported that the support for this type of generalization is mixed. The final type is maintenance of trained skills over long periods of time. Very little work has been done in studying the long-term effectiveness of assertiveness training programs, and those follow-up studies that do exist are based on limited criteria of questionable validity, such as the ability to resist a telephone solicitation (Emmons & Alberti, 1982).

Limitations of Social Perceptions of Assertiveness

The research examined in the preceding section concerned the effectiveness of the assertiveness training procedures. Until quite recently, most research in assertiveness was focused on evaluating and improving training. Such research was founded on the assumption that assertive behaviour would result in positive social consequences for the assertive person. It was not until 1979 (Woolfolk & Dever, 1979) that this assumption was scientifically tested. This new body of work is concerned with the effectiveness of assertiveness as a social skill.

Several researchers have since found that assertive behavior is often perceived more negatively than is non-assertive behavior. For example, Woolfolk and Dever (1979) found that while highly assertive persons were perceived as efficient and competent, they were seen as more hostile and less kind than non-assertive persons. Hull and Schroeder (1979) found that assertive confederates were judged as fair but also as more dominant, aggressive and unsympathetic than non-assertive confederates. Kelly, Kern, Kirkley, Patterson, and Keane (1980) reported similar results: assertive models were rated as more intelligent but less likable than non-assertive models. In their illuminating experimental study, Zollo, Heimberg, and Becker (1985) found that subjects who viewed a standard assertive versus non-assertive interaction expected that responding assertively would result in more negative long-term consequences than would non-assertion. Findings such as these are of concern in that assertiveness training programs might be failing to bring about long term behaviour change or transfer of training to real situations because trainees stop acting assertively as a result of cumulative negative social consequences of such behavior (St. Lawrence, Hansen, Cutts, Tisdelle, & Irish, 1985).

Rakos (1979) also shrewdly pointed out that most of the emphasis in assertiveness training programs has been on empowering trainees to assert their

rights, but almost no attention has been given to the obligations and responsibilities that naturally result from claiming those rights. If one expects to claim fair treatment from another person in a relationship, one must also be willing to give it. Training in this aspect of assertive behaviour has been sadly lacking. Failure to recognize the responsibilities of assertiveness could lead to an escalation of what began as trained assertive behaviour into aggressive behaviour, with all of its attendant negative social consequences, or could lead to the abandonment of the newly acquired skills. The recognition and acceptance of the responsibilities of acting assertively are necessary components of the socially competent use of the skills taught in assertiveness training courses.

The criticisms raised regarding the training effectiveness and negative social perceptions of assertiveness have led some researchers to condemn the construct altogether. In particular, Galassi, Galassi, and Vedder (1981) stated unequivocally that "the assertion construct is outmoded and should be relinquished. The construct has proven to be vague, difficult to define, and to be laden with assumptions reflecting traditional rather than more contemporary views of personality and behaviour change" (p. 330). Is this conclusion justified? Is there really no merit in the idea of assertiveness? An examination of the historical development of the construct may provide some insight into how such a viewpoint was formed.

Overview of Assertiveness Research

In the usual development of a scientific construct, research results from the formulation of hypotheses to support or refute a theory created to explain some observed phenomenon. Any new construct is clearly defined to limit the scope of relevant research, and the construct is clearly operationalized to ensure valid measurement and logical interpretation of results. For example, within personality research, the development of the construct of locus of control followed this process

(Rotter, 1966). Unfortunately, the study of assertiveness has not followed the usual development pattern; it was swept out of the scientific arena and into the cultural arena of the 1960's and 1970's. In the present day, as assertiveness is being considered again from a scientific viewpoint, deficiencies in the literature become apparent which have led to disillusionment (discussed above) with the construct of assertiveness. The deficiencies contributing to the disillusionment can be categorized into three types, each of which influence the other: a lack of theoretical framework to explain assertiveness, a lack of consensus about the definition of assertiveness, and a lack of attention to proper assessment procedures in operationalizing assertiveness.

Theoretical Issues

No comprehensive theory to explain the importance of assertiveness exists in the literature at present, although nearly all researchers and clinicians in the field would agree that the ability to behave assertively is a valuable social attribute. Theory is required to provide direction for research efforts, and to interpret and apply the research findings, and so is a cornerstone to any scientific endeavour (Borg & Gall, 1983). How is it possible that such a deficiency came about, and continues to exist in the field of assertiveness? An examination of the history of the construct will help to provide some clues.

The acknowledged originator of the concept of assertive behaviour is Salter, who, in 1949, published a book entitled Conditioned Reflex Therapy, in which the term "excitatory reflexes" was used to describe behaviours taught in response to anxiety-provoking situations such as claustrophobia, shyness, alcohol addiction, and depression. Wolpe, in 1958, was the first to introduce the phrase assertion training. Wolpe built upon Salter's ideas from a behavior therapy perspective, a theory that commanded great popularity in the United States with both researchers and clinicians at that time. He viewed assertive behaviour as reciprocally inhibiting

maladaptive anxiety in social, interpersonal situations. Wolpe outlined training procedures based on behavior modification techniques, including systematic desensitization, modeling, shaping, and rehearsal, all of which are still used in contemporary assertion training programs. It was Wolpe, in collaboration with Lazarus in 1966, who added the notion of personal rights to the definition of assertiveness. The expression of these rights was seen as healthy and desirable, while unhealthy anxiety and neurosis resulted from the non-expression of these rights (i.e., non-assertive behavior).

This notion of the expression of personal rights as being the healthy, normal state of affairs in interpersonal relationships has coloured the field of assertiveness ever since its inception. Both popular self-help books and assertion training programs emphasized the idea that it is better to claim one's personal rights than to remain silent. This idea drew the attention of the general public. This occurred at a time in history when the women's movement and other social groups were searching for ways to demonstrate their equality. The cultural concern with promoting individual rights parallelled the growing interest in humanistic approaches to psychology, such as the human potential movement. Rakos (1991) stated that "the social and political activism of the 1960s provided a cultural impetus for the development of techniques that promoted direct personal influence and expression" (p. 3). Flowers, Cooper, and Whitely (1975) commented that "human liberation movements . . . have identified cognitive and behavioral changes for themselves as a growth-enhancing strategy for dealing with social oppression. Assertion training is increasingly regarded by such movements as an exceptionally useful intervention to meet these goals" (p. 3).

The women's movement particularly embraced the philosophy of personal rights assertion (Kahn, 1981) and a whole branch of assertiveness literature developed around the application of these techniques to develop and enhance

women's self-esteem (for example, Lange & Jakubowski, 1976; Osborn & Harris, 1975; Phelps & Austin, 1975). Kahn (1981) commented that "Assertiveness training has been popularized as 'the answer' for women seeking skills to share in the rewards available for work outside the home and/or to demand rewards for work inside the home" (p. 347).

Thus, the popularity of assertiveness as a form of conflict resolution has more of a cultural or political than scientific foundation, assertive behavior being viewed as a means to enhance personal power in social relationships. Groups that viewed themselves as oppressed by the authorities of the times eagerly embraced whatever assertiveness researchers and trainers had to offer, however unsound the theoretical and research base may have been. Information and training techniques could barely keep up with the popular demand.

The afterglow of the social and political idealism of the 1960s and 1970s has faded, and along with it the popular notion of assertiveness training courses as a cure for all social ills. When exposed to the light of scientific scrutiny, the theoretical deficits of assertiveness as a construct are embarrassingly apparent. Galassi et al. (1981), in their review of the field, pointed out the lack of theoretical background guiding assertiveness research. They mention three rudimentary theories behind the explanation of assertive behavior, each with their own corresponding interventions for increasing assertive behavior:

1) Wolpe (1958) and the reciprocal inhibition model - normal, healthy assertive responses occur naturally in the absence of social anxiety; non-assertiveness results when normal assertive responses are inhibited by behaviorally conditioned high anxiety in social situations.

2) McFall and colleagues (e.g., McFall, 1976) and the skill-deficit model - assertiveness is the result of the normal build up of social skills; non-assertive

behavior is seen as the result of a lack of proper skills for competent social response.

3) Schwartz and Gottman (1976) and the cognitive factors model - assertiveness results from the development of normal, healthy cognitions which influence socially competent behavioural performance; non-assertion is seen as the result of excesses or deficits in certain cognitive behaviors, such as irrational beliefs, poor judgment of behavioral consequences, faulty problem-solving skills.

None of the these theories has enough scope or depth to account for the complex social events that are observed in actual assertive behaviour. No theory explaining the nature of normal, healthy behaviour or definition of socially appropriate behaviour is advanced. These formulations attempt to explain assertive behaviour after the fact, and little research has been directed towards generating hypotheses, then testing the predictions in order to prove the theory's explanation of the causes of assertive behaviour. Galassi et al. (1981) pointed out that studies that have provided little evidence towards proof of the causes of assertiveness, as outlined by the theories. "Accordingly, each of these three areas merits systematic assessment . . . in order to develop effective and efficient intervention programs for clients" (p. 307).

In addition to the weakness engendered by their ex post facto nature, these three theories fall short in their exclusive focus on internal, intrapersonal events that are seen as the causes of assertive behaviour, which is assumed to be healthy for the individual, and therefore for the group. This viewpoint reflects the bias that existed during the human potential movement to promote individual development as if it occurred in isolation from other human beings, and that what was best for the individual must ultimately turn out to be best for the social group in which he/she functioned. The existing theories leave unanswered some important questions regarding assertive behaviour: why is it valuable? what is the point of

acting assertively? While many self-help books offer a short philosophy which helps to give context to assertiveness, these viewpoints are heavily influenced by the cultural values of the 1960's and 7190's, which have changed in the intervening years, and so are not of much use in directing future research.

The theories summarized by Galassi et al. (1981) do not attempt to offer guidelines for determining what is a socially acceptable response, thus leaving the field wide open for many possible conflicting interpretations of just what is acceptable behavior - what may be acceptable to one assertiveness trainer may not be acceptable to another or to the trainee. This has lead to a great deal of confusion among trainers who cannot agree, and to the dissatisfaction of trainees who find it difficult to cope in real-life situations.

In summary, the lack of theoretical foundation for assertive behaviour has led to a lack of coherent direction for study. The development and evaluation of treatment programs to increase assertive behaviour have also suffered. There abound so many different idiosyncratic views of the nature of assertiveness that trying to sort them out is a formidable task. Many researchers and clinicians are exasperated by this fundamental deficiency.

Definition Issues

The lack of theoretical foundation for assertiveness has meant a corresponding lack of direction guiding the definition of the nature of assertiveness. If there is no theoretical framework for assertiveness to fit within, then its definition can vary infinitely, "in the absence of a general organizational scheme in which to place the intervention" (Rakos, 1991, p. 7). One of the most astonishing facts about the enormous and growing body of assertiveness research is that there is, even today, no consensus on a definition of assertiveness that satisfies the needs of both researchers and clinicians in the field. Researchers favour an operational focus, "a contentless, functional definition, aimed primarily at facilitating research, which

defines degree of assertiveness according to the amount of reinforcement produced by behavior" (Rakos, 1979, p. 767). An example of such a functional definition is provided by Rich and Schroeder (1976): "Assertive behaviour is the skill to seek, maintain, or enhance reinforcement in an interpersonal situation through the expression of feelings or wants when such expression risks loss of reinforcement or even punishment" (p. 1089). Clinicians, on the other hand, find this type of definition too abstract for use in training lay persons in assertive behavior, and so favour a definition that includes a description of the goals, values and appropriate behavior involved in assertiveness. This has lead to a myriad of definitions that depend on the orientation of the therapist in question. In fact, Galassi and Galassi (1978), in their critical review of the field, stated that "Perhaps more than any other behavioral construct, definitions of assertive behavior appear to be influenced by therapists' personal and theoretical value persuasions" (p. 16).

Galassi, Galassi, and Vedder (1981) have further summarized the definition debate as being separated into these approaches: basic human rights; honest and/or appropriate emotional expression; rights and emotional expression; rights, emotional expression and theoretical assumptions; and, specific response classes. Each approach has its own strengths and weaknesses. Rakos (1991) in his analysis, stated that an "emphasis on individual rights at the expense of both societal rights and individual responsibilities imbues the concept of assertion with an aura of selfishness and narcissism, and contributes to public confusions. . ." (p. 8). Other categories are either too vague to be useful, or too specific to delimit the behaviour as assertiveness as opposed to some other social skill. Rakos (1991) summed up by saying that "after almost 20 years of intense activity in the area, we still lack an adequate conceptualization of what we are exactly teaching to our client." (p. 9).

It appears, then, that assertiveness, as a construct, is much more complicated than the behavioural clinicians who initiated the term could ever have expected. Its limits are still not agreed upon. This frustration and inability to arrive at a suitable definition even after thirty years of study have led some researchers to call for the construct to be abandoned as unworkable.

Measurement Issues

The lack of definitional clarity and a theoretical framework for assertiveness has a direct effect on the quality of the procedures used to assess assertiveness. Without a theory or definition to guide test construction, the development of assessment procedures has been haphazard, and based mostly on face validity. Issues that are of concern in the assessment of assertiveness are test construction methods, scoring procedures, the state-versus-trait conceptualization of assertiveness tests, interpretation of factor analytic results, and the internal consistency of assessment instruments.

St. Lawrence (1987) provided an excellent analysis of the assessment of assertiveness as it has been and continues to be practiced. As interest in the concept of assertiveness grew, so did the demand for instruments to assess assertiveness in individuals. Different types of assessment procedures have been employed, including self-report, paper-and-pencil inventories, behavioural assessments based on performance in role-playing situations or in vivo observations, and even some physiological arousal measures such as heart rate (St. Lawrence, 1987).

Of these methods, the self-report inventories have the greatest amount of published data available on test validity and reliability. St. Lawrence (1987) reported that 28 different self-report inventories can be found in the assertiveness research literature. The main purpose of these inventories has been to provide a means to discriminate among those reporting high from low assertiveness for the

purposes of research, and for the diagnosis and evaluation of client change during assertiveness training programs.

One of the most widely studied of the paper-and-pencil tests is the College Self-Expression Scale (Galassi, DeLo, Galassi, & Bastien, 1974). This 50 item scale, which employs a 5-point Likert format, was developed to measure the degree of difficulty experienced in interpersonal encounters (in terms of frequency of reported behaviour), and includes items covering three different response classes. The first is positive assertiveness, involving the expression of positive responses such as love, approval or agreement. The second class is negative assertiveness, involving the expression of negative responses such as disagreement, annoyance and dissatisfaction. The third class is self-denial, involving the expression of interpersonal anxiety, such as overapologizing and an exaggerated concern for the opinions of others. These response classes are presented over a range of situations, encompassing school, home, and social settings, interactions with both genders, and with both intimately and distantly related persons. The scale provides a single global score: a high score is associated with a low level of interpersonal anxiety (high assertiveness) and a low score with a high level of interpersonal anxiety (low assertiveness).

In constructing this measure, the test authors made an implicit assumption: that assertiveness is situation-specific behaviour, and not a generalized disposition or personality trait. In other words, whether or not a person acts assertively is more dependent on specific situation variables than on his/her internal, enduring personality structure that would be expected to remain stable across situations. This stance is reflected in the inclusion of a variety of situations and interpersonal relationships covered by the test items. The authors confirmed this viewpoint when, in their 1979 presentation of factor analytic data of the CSES, they concluded that the large number of discrete factors and small amount of total

variance accounted for (rather than a single general factor accounting for most of the variance) provided support "for a situation-specific rather than a trait theory of assertive behavior" (p. 126). However, as St. Lawrence (1987) pointed out, this conclusion of the situation-specificity of assertiveness from the data is not logically consistent with the current use that is made of CSES test results (or of other self-report or behavioural assessments). "For even when assertion is defined as situation-specific, the authors often proceed to discuss assertion as though it were a construct or to use assessment procedures that assume equivalence between situations (such as the practice of summing findings from different role-play situations)" (p. 156). With the CSES, for example, only a single global score is calculated, despite the emphasis on cross-situational sampling and the explicit purpose of testing for three different classes of assertiveness (positive, negative and self-denial). A single test score indicates a general level of assertiveness, summing responses across situations and response classes. Furthermore, in attempting to provide evidence of the concurrent validity of the CSES, correlations are calculated between the single CSES score and scores on other personality trait measures. The test authors do so themselves (despite their assumption of the situation-specific nature of assertiveness) in their initial article describing the instrument, given as evidence of the validity of the instrument. If the test authors truly believed assertiveness to be situation-specific, it is logical to expect that the CSES should be scored on subscales for the different situations, with no summation yielding a general or global score, since (according to the test authors) there is no factorial support for a general or global factor. This has not been the way the test is used, however, and this throws some doubt on the interpretation of the test scores, not to mention the validity of research conclusions based on such test scores.

There are further points regarding the interpretation of the results of factor analysis of assertiveness measures that require consideration. The results of the factor analysis of Galassi and Galassi (1979) could be interpreted as reflecting that the test authors accomplished what they set out to do - create a test that covers many different situations. The differentiation between the situations appear to be statistically valid, as well as having face validity. This does not mean, though, that all possible components or conceptions of assertiveness have been covered by the test items. As Futch, Scheirer, and Lisman (1982) pointed out, factor analysis can only describe data that is included for analysis: "if certain important components of an analysis are omitted from the original data base, then these components cannot be subsequently represented by a factor" (p. 39). For example, the CSES is the only assertiveness test that includes items assessing positive assertiveness, and this factor generally shows up in analysis. However, such a factor does not appear in other tests that do not include such items (Henderson & Furnham, 1983). In fact, only a moderate level of correlation exists between self-report measures of assertiveness, meaning that each one is tapping some different aspect of assertiveness, even though several of the available tests share similar, even identical, items (Henderson & Furnham, 1983). Some researchers have argued that this provides evidence of the divergent validity of the tests; it could just as easily be evidence of poor test construction.

Futch et al. (1982) offered further criticisms of factor analytic research in assertiveness. They stated that comparison among these studies is difficult and confusing for three reasons: "1) the factors often differ from one study to the next; 2) various numbers of factors are typically found in different studies; and 3) similar appearing factors are often given different factor names" (p. 26). Researchers fail to include critical information that allows others to scrutinize the interpretation offered for the data. Also, lack of expertise in the use of factor analytic methods

combined with the accessibility of computer statistical programs has resulted in some researchers publishing results that have been poorly organized and analyzed. Rather than helping to clarify the nature of assertive behaviour, the main conclusion that can be made from the results of the factor analytic studies of assertiveness measures is that assertiveness is not a simple concept to assess, and that much more definitive work remains to be done in this area before confidence about extrapolations can be expressed. However, it has unfortunately been the case that researchers have not been cautious or paid much attention to the warnings of others in their use of assessment results, probably due to the demand for clinical support of popular assertiveness training programs. St. Lawrence (1987) concluded that "measures continue to flood the literature without adequate psychometric support, and researchers rush toward outcome evaluation without attending to the questionable utility of findings generated from unproved measures" (p. 182).

The issue of how best to assess assertiveness begs the further question of how assertiveness should be conceptualized: as a trait or as a state. Initially, researchers treated assertiveness as a trait. Then, as behavioural theories came into the psychological limelight, the trait theory was dismissed as incompatible with behavioural theory, and a situation-specific, or state, position was touted. It appears that behavioural clinicians believe that if something is labeled a trait, it is not open to manipulation by behavioural methods; therefore the trait model was rejected.

However, there are weak points associated with each extreme viewpoint. If assertiveness is considered to be a trait in the extreme, theoretical sense of the word (that is, that assertive behaviour can ultimately be traced to a genetic, inheritable cause), then clinical attempts to increase or develop such behaviour in non-assertive persons would be futile. Given the extreme genetic condition, all

instances of assertiveness could be predicted with near-perfect reliability. On the other hand, if an extreme state point of view is taken (that is, that emission of assertive behaviour depends entirely on the situation in which it takes place), then clinical attempts at training assertiveness are also doomed to failure. Instances of assertive behaviour could only rarely be predicted, because training in one situation would not generalize to other similar situations. Since there are an infinite number of possible variations that may arise in real world situations, it would be impractical to try to train for every single situation that calls for an assertive response. And yet this view is deemed the only defensible alternative by the majority of assertiveness proponents, who espouse the behavioural school of thought. Obviously, neither extreme view is clinically useful, although behavioural practitioners pride themselves on the practicality of their methods (Rakos, 1991).

The weakness of the behavioural school's viewpoint lies in its assumption that it must be a question of *either* trait or state. It might be more useful to conceive of trait and state as being a difference in degree as opposed to type. Thus, a trait would describe behaviour that occurs with a very high frequency and can be reliably predicted across situations, whereas a state would describe behaviour that occurs with a very low frequency and is less predictable. This conception of degree allows for middle ground (a mixture of trait- and state-like qualities) to exist when describing any particular behaviour. In discussing the results of a factor analysis of an assertiveness self-report test, Futch et al. (1982) point out that several "factors we have identified may ultimately turn out to be 'trait-like', while others may be more tied to particular situations. . . Our point is that just because a broad trait label can be analyzed into components, this does not preclude the utility of trait considerations. Thus, if assertiveness can be shown to comprise four factors, we do not then dismiss its usefulness as a trait. Instead, we examine the degree to which its subcomponents are best construed as possessing predictive

utility across situations" (p. 40). These authors thus provide a method of working with a trait-state continuum.

Lack of sufficient normative data reported in published studies using these inventories is another area of concern. Most of the normative data that is available is on college student populations, with occasional reports for psychiatric populations. This limits the generalizability of research findings based on these assessment instruments to clinical populations. This is especially serious when it is recalled that these tests are often used for screening eligible clients for assertiveness programs. The usefulness of these tests for screening the normal population for assertiveness is in question, because the potential population for training may not compare normatively with the college population or with a psychiatric population.

Separate means for males and females are usually reported with assessment results. The question of gender differences in norms has received the most research attention. Hollandsworth and Wall (1977), in their review of the sex difference issue, found that males typically score higher than females, but this difference is seldom significant. Beck and Heimberg (1983) suggested more attention be "devoted to collecting such information across a broad range of subject samples, particularly those drawn from clinical and non clinical groups of adults" (p. 463) Data regarding sex differences requires more systematic collection and study before any firm conclusions can be drawn.

Another psychometric issue in assertiveness is that of the internal consistency of the available self-report tests. Beck and Heimberg (1983) stated that while considerable information is available on the temporal stability of assertiveness inventories, little has been said about internal consistency. "The strong emphasis on situation specificity in the assertiveness literature . . . would dictate high variability across items and, therefore, low internal consistency. This may account

for the infrequent reporting of such information in the literature. Nevertheless, summary scores are frequently employed as indices of behaviour change, and this practice makes internal consistency an important consideration." (Beck & Heimberg, 1983, p. 464) One study done on a Spanish college sample (Caballo & Buela, 1988) reported a Cronbach's alpha internal consistency score on the CSES of .89, which certainly does not agree with the above stated situation-specific hypothesis of the nature of assertiveness. As Anastasi (1982) commented, "although homogeneous tests are to be preferred because their scores permit fairly unambiguous interpretation, a single homogeneous test is obviously not an adequate predictor of a highly heterogeneous criterion" (p. 115). This adds further support to the argument that if assertiveness is as heterogeneous as believed, subscale scores should be calculated instead of a single, global score. But the answer to the question of whether or not assertiveness is truly a heterogeneous construct remains unclear. Two studies that attempted to use subscale scores from self-report inventories to predict criterion behaviours (Nesbitt, 1979; Cummins, Holombo & Holte, 1977) reported poor validity results.

The assessment issues raised above have plagued the field for a number of years. This uncertainty in interpreting assertiveness assessment results has led some researchers to call for a hiatus in further measurement development until some of these issues can be resolved (Hersen & Bellack, 1977; Burkhart, Green, & Harrison, 1979). However, as long as the basic theoretical and definitional issues remain unresolved, it seems unlikely that solutions to the assessment concerns alone will be found in the near future.

Conclusions on the State of Assertiveness Research

The criticisms of research in assertiveness discussed above are certainly serious ones. These weaknesses in the field have probably led to the rejection of assertiveness by Galassi et al. (1981). However, it would be wrong to conclude

that assertiveness as a construct has no redeeming features whatsoever. Rather, it is the opinion of this author that, given the unusual historical development of the field, such a critical analysis is an essential part of the further healthy scientific evolution of the construct. Instead of beginning with a theory from which research proceeded, Salter (in 1949) began with an idea that had clinical usefulness, which then was transformed by Wolpe and Lazarus (in 1966) into an idea with cultural relevance for individual development. It followed that, rather than validating a theory, the research in assertiveness was geared towards validating the usefulness of the clinical procedures and treatments, and individual differences in assertiveness. It is because there is no guiding theory behind work on assertiveness that the assertiveness literature leads to more confusion than clarity. The field has been a victim of the whims and fads of the time period because it is not firmly anchored in a theory that helps to make sense out of observed phenomena. If assertiveness is to prove its worth as a psychological construct, it must be placed within a theoretical framework, from which a definition can be derived and valid assessment instruments constructed.

Assertiveness Within a Social Competence Framework

One possibility for a theoretical framework for assertiveness is within a social competence model of human behaviour. This is an area of growing interest in contemporary psychology that considers individual functioning within the social context. Social competence models focus on positive, healthy development, as opposed to defect models of behaviour that have dominated psychology in the past. The medical model of mental pathology and psychoanalysis provide models of human behaviour that focus on treatments designed to avoid pathology rather than promote health. Wine (1981) stated that the "defining characteristic of competence approaches is a concern with the effectiveness of the individual's interactions with the environment. . . People are seen as at least potentially

capable of setting goals, identifying needs, and developing skills that will allow them to cope more effectively with stress, to interact more effectively with others, as well as to lead fuller, more productive lives" (p. 24 - 25). Competence has also been defined in terms of "the capacity for coping with life situations" (Sundberg, Snowden, & Reynolds, 1978, p.180) and in terms of problem-solving ability (Shure, 1981). Meichenbaum, Butler, and Gruson (1981) described the facets of a social competence model, which include overt behaviours, cognitive processes, and cognitive structures. By cognitive structures they meant "an individual's meaning system, which provides motivation and direction for both thought and behaviour" (p. 37).

The authors cited above suggested that highly competent behaviour be defined as prosocial in intent and consequences, resulting in positive consequences for all parties involved in the social interaction. Abnormal or dysfunctional behaviour (such as neurosis or psychosis) is taken to be an indication of a lack of social skills that affects the ability of that person to function competently in society, as opposed to indicating the presence of disease or internal psychic conflict. Benjamin (1981) stated that "when one becomes unable to cope with life situations, one is, according to this definition, incompetent, and the probability of becoming a psychiatric patient increases" (p. 190). The emphasis of social competence models is on interpersonal interactions rather than on individual performance or personality. Although the development of the global and multifaceted construct of social competence is in its infancy, some of its postulated components are cooperation, respect, empathy, altruism and assertion (MacDonald & Cohen, 1981). Thus, assertiveness is viewed as a facet of social competence because, while lack of assertiveness does not directly cause a pathological condition, the addition of assertion skills to an individual's behavioural repertoire is thought to lead to a higher level of mental health through more effective social behaviour.

The delineation of prosocial values is an important aspect of social competence models. Wine (1981) pointed out the dangers of not making explicit the value judgments of researchers. This can result in biased interpretation of research results without the reader's awareness. For example, terms such as "negative self-statements" have a value component built in, that such statements are bad or maladaptive. However, the goodness or badness of the negative self-statements has been judged by the researcher, who may or may not reveal the basis for those judgments in the published study (if he/she is even aware of their influence on the study). Wine called for greater attention to the implicit biases and value orientations in psychological research, and suggested that social competence models must be especially sensitive to this issue if outdated prejudices are not to be perpetuated, albeit unintentionally.

Social Interest as a Social Competence Model

According to the points outlined above, then, a theory that fits the social competence model must have these characteristics: firstly, a focus on health and positive development; secondly, an emphasis on social functioning issues; thirdly, an explicit set of prosocial values; and fourthly, an incorporation of all types of psychological functioning (behavioural, cognitive, emotional, physical and so on). There exists no comprehensive theoretical formulation of social competence in the contemporary literature. However, Alfred Adler's theory of social interest, as presented in 1939, can be shown to be a model of social competence. Social interest can be defined as "a sense of communion, of feeling that one is embedded in the stream of life, of concern for the welfare of others. The degree of a person's social interest determines his ability and willingness to function socially . . ." (Dreikurs, 1971, p. ix).

The first criterion of a social competence model is a focus on health and positive development. Social interest meets this criterion. Adler advocates social

interest as the most important criterion on which an individual's mental health or social adjustment may be judged. Lack of social interest, according to Adler, leads to mentally unhealthy behavior that only serves the interests of the self, which is in direct opposition to cooperation and thus disrupts peaceful community life. "The meaning they [neurotics] give to life is a private meaning. No one else is benefited by the achievement of their aims, and their interest stops short at their own persons. Their goal of success is a goal of personal superiority, and their triumphs have meaning only for themselves" (Adler, 1956, p. 156). And further: "All failures - problem children, criminals, suicides, neurotics, psychotics, alcoholics, sexual perverts, etc. - are products of inadequate preparation in social interest" (Adler, 1979, p. 90). Thus, it may be concluded that the degree of social competence displayed by an individual is in direct proportion to the degree of social interest he has developed. In fact, Adler states that the ultimate purpose of any psychological treatment program is to foster and develop social interest (a direct focus on moving towards a healthy state of functioning) in clients, and its degree of success can be judged by the gain made in the level of social interest. Hall and Lindzey (1957) provided the following analysis of the positive focus of Adler's theory:

> Adler fashioned a humanistic theory of personality which was the antithesis of Freud's conception of man. By endowing man with altruism, humanitarianism, cooperation, creativity, uniqueness, and awareness, he restored to man a sense of dignity and worth that psychoanalysis had pretty largely destroyed. In place of the dreary materialistic picture which horrified and repelled many readers of Freud, Adler offered a portrait of man which was more satisfying, more hopeful, and far more complimentary to man. Adler's conception of the nature of personality coincided with the popular idea that man can be the master, and not the victim, of his fate (p. 125).

The second criterion of a social competence model is an emphasis on the functioning of the individual in the social setting. The theory of social interest meets this criterion, because Adler postulated that it is impossible to understand the individual without taking his social connections into account. "All problems with which we are confronted are of a social nature. For the purpose of clarification we may classify them as problems of social, occupational, or love relationships. Their solution depends, consequently, upon how well an individual is prepared to make contact with his fellow human beings" (Adler, 1979, p. 89). Adler contended that healthy and productive relations among human beings depend on all parties being interested in advancing the interests of the others, or one could say, of the human community. Acting through social interest requires the ability and willingness to cooperate as an equal with one's fellow men and women, to contribute selflessly in a useful manner to the common welfare, and to value those actions and ideas that will lead to the further progress of mankind as a whole (Ansbacher, 1968). Social living demands such commitment from each member if the human species is to survive and develop. "We conceive the idea of social interest, social feeling, as the ultimate form of mankind, a condition in which we imagine all questions of life, all relationship to the external world as solved. It is a normative ideal, a direction-giving goal. This goal of perfection must contain the goal of an ideal community, because everything we find valuable in life, what exists and what will remain, is forever a product of this social feeling" (Adler, 1979, p. 35). This statement reiterates Adler's emphasis on positive human development. It also provides an explanation for the context and motivation of human behaviour, as well as explaining the behaviour itself. In this author's opinion, this conceptualization, which is scientifically testable, exceeds the requirements of the second criterion of a social competence model because it allows for a deeper, more comprehensive understanding of human behaviour than any other model formulated to date. It

demonstrates that a global, multi-faceted conceptualization of human behaviour is certainly possible, as postulated by present-day social competence proponents.

The third criterion of social competence models is that of explicitly stated prosocial values. Social interest meets this criterion as well. Adler felt that it was important to set down the conditions under which happy and successful human functioning can be accomplished if a state of heath is to be achieved. "In social interest, then, we would value the interests or values of others and be guided by these. . . Adler's psychology . . . is altogether a value psychology. Our strivings are in each instance guided by values whether these are in our awareness or not" (Ansbacher, 1968, p. 145). His definition of the ultimate value of emotions, thoughts and actions is in their usefulness to the human community. Thus, the following concepts are considered to be valuable (useful to society) under Adler's theory: democratic relationships, equality, cooperation, mutual respect, responsibility, courage and empathy (Manaster & Corsini, 1982).

The fourth criterion of a social competence model is that it be comprehensive enough to incorporate all facets of psychological functioning, such as behavioural, emotional, and cognitive aspects. Crandall (1980) describes this feature of the construct of social interest: "The different facets of social interest are manifested in affective, motivational, and behavioural processes. Thus [the level of] social interest will influence a person's attention, perception, thinking about others, feelings such as empathy and sympathy, and finally motives and overt behaviour relating to cooperation, helping, sharing contributing, and so on" (p. 481). Furthermore, Kaplan (1986) outlined the behaviours, emotions and cognitions that are associated with a high level of social interest, each of which interacts with the others. Behaviours associated with social interest include identification, empathy, sympathy, understanding, cooperation, altruism, encouragement, and mutual respect. Emotions connected with social interest include a feeling of belonging,

feeling at home in interacting with others, a feeling of communality, faith in others, and optimism. Cognitions or beliefs of a highly socially interested person include:

1) 'As a human being, my rights and obligations in the society are equal to the rights and obligations of others.' A person with high social interest feels that he is an equal among his fellow humans, and both looks for and gives this treatment with other people.

2) 'My personal goals can be attained in ways consistent with the welfare of the community.' The person high in social interest respects the needs and rights of others while fulfilling his own needs.

3) 'The prosperity and the survival of society are dependent on the willingness and the ability of its citizens to learn to live together in harmony.' A person high in social interest is flexible, and looks to cooperate and compromise when necessary in seeking a solution to conflict for the good of all concerned.

4) 'I believe in trying to respond to others as I would like them to respond to me.' A person high in social interest practices empathy in his relationships with others.

5) 'The ultimate measure of my character will be to what extent I promoted the welfare of the community.' A person high in social interest is concerned about making a valuable contribution to others, both in the present and in the future. (Kaplan, 1986, p. 239 - 240).

These behaviours, emotions and cognitions also reflect the other three criteria for social competence; namely, the importance of healthy social functioning within an explicit value system.

Assertiveness and Social Interest

For the purpose of this study, assertiveness can be defined as "interpersonal behavior involving the honest and relatively straightforward expression of thoughts and feelings [that is] socially appropriate [and in which] the feelings and welfare of

others are taken into account" (Rimm & Masters, 1979, p. 63). Within Adler's theoretical framework, assertiveness is viewed as the most useful (i.e., valuable) method of dealing with interpersonal conflict. Kvols-Riedler and Kvols-Riedler (1982) point out that, within democratic relationships, where all parties are considered to be of equal worth, assertiveness represents a method of dealing with the conflict in a way that shows mutual respect. In order to act assertively, one must be willing to respect the feelings and needs of the other party, and to demonstrate self-respect by not submitting to demands that negate one's equality with the others involved. Empathy is required in order to be sensitive to the needs of the others in the relationship. Cooperation is required in order to come to an agreement that is mutually beneficial, rather than one party arbitrarily overruling the other with a show of force or power. When these conditions are realized, then functioning within social relationships is enhanced. The behaviours, emotions and cognitions that Kaplan (1986) viewed as associated with social interest are involved in assertiveness as described above.

In summary, then, Adler's social interest theory fits the criteria outlined here for a model of social competence, and assertiveness is an important part of social interest. Viewing assertiveness from this perspective would provide the field of assertiveness with the theoretical direction it has so far lacked and that has impeded its development as a serious psychological construct. A definition that proceeds from the theory becomes possible, and measurement instruments could be constructed that validate the theory. Acceptance of this viewpoint requires first, though, that the postulated relationship between social interest and assertiveness be empirically demonstrated.

Assertiveness and Empathy

If the proposed relationship between social interest and assertiveness is true, how can this knowledge be used to increase the long-term effectiveness of

assertiveness training programs? The problem of negative social evaluations of assertive behaviour remains. According to the theory of social interest, assertiveness should enhance social relationships, not impede them. As an antidote to the possible negative social consequences of assertiveness that were discovered through experiments discussed above, some assertiveness experts suggested that adding an "empathic" element to the standard assertive responses (taught in assertiveness training programs) would increase the positive social perceptions of highly assertive persons. This empathic element was operationalized as "similar to assertive responses but included an additional component that took into account the rights and needs of the requester" (Zollo, Heimberg, & Becker, 1985, p. 296). This line of thought agrees with social interest theory that proposes that empathy is a necessary part of assertive problem solving.

The mediating effect of empathy on assertive behaviour has been validated in a number of analogue studies. Heisler and McCormack (1982) found that, when assertive requests for behavior change between familiar persons were accompanied by statements that show consideration for the receiver's feelings, compliance and comfort of the receiver increased. Zollo, Heimberg, and Becker (1985) found that empathic-assertive models were judged to be more likable than assertive-only models. Kern (1982) found that empathic-assertive responses were more favourably rated than assertive-only responses on likability/consideration, competence and desirability.

However, no training program has yet been developed that incorporates empathy with assertiveness, so there is no evidence available of its utility in increasing long-term assertiveness gains. A rigorous test of the validity of empathic assertiveness would be a study following an experimental design incorporating a pretest, then posttest of the level of social interest, empathy, and

assertiveness of subjects enrolled in a program that utilized this strategy. As such an experiment is beyond the scope of this study, some empirical evidence for its support can be gleaned from examining the relationship between empathy and assertiveness, which is as yet untested.

CHAPTER 3 - METHODOLOGY

I. SUBJECTS

The subjects in this study were 95 undergraduate educational psychology students. The 18 males and 77 females who volunteered to respond were recruited from a short classroom presentation, and filled out the four inventories listed below on a voluntary basis outside of class time, returning the inventory package within one week of receiving it.

The mean age of the total sample was 24.40 years (standard deviation of 5.669). The age range was from 19 to 43 years, with approximately 75% of the subjects under 30, and with 20 as the modal age for the total sample. The average age for males was 25.44 (standard deviation of 5.26), ranging from 19 to 36. The average age for females was 24.15 (standard deviation of 5.77), ranging from 19 to 43. There was no significant age difference between the males and females.

II. TEST INSTRUMENTS

The four self-report inventories given to the subjects were:

1. Social Interest Index (Greever, Tseng, & Friedland, 1973): This scale (abbreviated as SII) consists of 32 items scored on a five-point Likert-type scale. Subjects rate themselves on descriptive attitudinal self-statements from "not at all like me" to "very much like me". The obtainable score range is 32 to 160. It was constructed to include items that measure the degree of social interest in areas concerning work, love, friendship and self-significance, areas outlined as important indicators in the social interest literature. A typical item is as follows: "I feel I have a place in the world."

Internal consistency (Cronbach's coefficient alpha) of .81 was found for the entire test, which is a more than adequate level for personality research. A three-week test-retest reliability of .79 was also found for the total test score, also more

than adequate. The mean for the initial test administration was reported as 124.97, with a standard deviation of 12.13. It was also reported that females scored significantly higher than males. Age was found to be significantly related to social interest in females but not males.

This assessment instrument was chosen for use in the present study because it has a history of acceptable reliability (Greever, Tseng, & Friedland, 1973), and validity (Bubenzer, Zarski, & Walter, 1979; Modzierz & Semyck, 1980) when used with college samples. It is one of the better known and used of the three existing scales available for social interest assessment, and explicitly assesses the basic areas (work, love, and friendship) suggested by Adler in his theoretical writings. The validity of the test structure has been supported by factor analysis (Zarski, Bubenzer, & West, 1983).

2. Social Interest Scale (Crandall, 1975): This instrument (abbreviated as SIS) consists of 24 word pairs, with each pair presenting contrasting values. Only fifteen pairs are scored, with the others serving as "blind" items. The subject is instructed to choose which value he/she considers most important in each pair, in response to the following question: "If you had to make a choice, which one would you rather be" (Crandall, 1975, p. 189)? The obtainable score range is 0 to 15. The items were constructed to measure social interest through assessing a person's interest in and valuing of the interests of others. A typical scored word pair is "forgiving - gentle".

Adequate internal consistency, based on split-half reliability, was found to be .77. In a later study (Crandall, 1980), a comparable result on internal consistency of .73 (Kuder-Richardson 20) was found. Test-retest reliability of a portion of the original sample over five weeks was found to be .82. Crandall (1975) reported the sample mean as 8.43, with a standard deviation of 3.57.

This second social interest assessment instrument was chosen for inclusion in this study because scores on the Social Interest Scale correlate near zero with scores on the Social Interest Index (Bubenzer, Zarski, & Walter, 1979) Thus, it appears that each scale may tap different facets of the social interest construct. As Leak, Millard, Perry and Williams (1985) suggested: "the SII's strongest suit involves correlations with other trait measures, while the SIS's forte involves correlations with more behavioral criteria and peer ratings of social interest" (p. 198). As the present study proposes to investigate the correlations of social interest to a measure of personality characteristics (empathy), and another measure of behavioral characteristics (assertiveness), it was deemed necessary to include both social interest instruments in the study to maximize the probability of valid results. Also, there has been some concern expressed about the confounding of SII scores with social desirability response sets (Leak, 1982), but the SIS, in the same study, was found to be uncorrelated with social desirability. Again, including both tests in the present study should ensure the attainment of valid results.

3. Questionnaire Measure of Emotional Empathy (Mehrabian & Epstein, 1972) This instrument (abbreviated as QMEE) consists of 33 items (16 positively worded, 17 negatively worded) scored on a nine-point Likert-type scale, ranging from -4 through 0 to +4. The respondent is instructed to rate the strength of his/her agreement, from "very strongly disagree" to "very strongly agree", to a series of descriptive self-statements. The obtainable score range is -134 to +134. The items were constructed to measure the self-reported level of emotional empathy, described as "heightened [emotional] responsiveness to another's emotional experience" (p. 526). A typical positively worded item is as follows: "I get very angry when I see someone being ill-treated". A typical negatively worded item is as follows: "Another's laughter is not catching for me".

Adequate internal consistency, as calculated by split-half reliability, was found to be .84. No test-retest reliability was reported. The mean for the total sample was reported as 33, with a standard deviation of 24. Females (M = 44, SD = 21) were found to score significantly higher than males (M = 23, SD = 22).

This assessment instrument was chosen for use in the present study because it is one of two available measures of empathy which have been found to demonstrate acceptable reliability and validity (Chlopan, McCain, Carbonell, & Hagen, 1985). The methods used in the construction of the test were rigorous (Mehrabian & Epstein, 1972), and the operational definition of empathy used in constructing the instrument corresponds to the definition utilized in this study.

4. College Self-Expression Scale (Galassi, Galassi, DeLo, & Bastien, 1973) This instrument (CSES) consists of 50 items (21 positively worded, 29 negatively worded) scored on a five-point Likert-type scale. The respondent is asked to rate the frequency of his/her behaviour on a series of questions describing various behaviours and situations, from "always or almost always" to "rarely or never". The items were constructed to assess three types of assertiveness (positive, negative, and self-denial, as discussed in Chapter 2) across a variety of situations and role occupants among a college population. A typical positively worded item is as follow: "When a person is blatantly unfair, do you fail to say something about it to him?" A typical negatively worded item is as follows: "If friends visit when you want to study, do you ask them to return at a more convenient time?"

The test authors do not report internal consistency results, although a study by Caballo and Buela (1988) reported a Cronbach's coefficient alpha of .89 for the test with a Spanish college sample. This is adequate if the assumption made by Caballo and Buela (1988) is true: that the Spanish college sample is comparable to North American college samples. The test authors do report that test-retest

reliability, over a two week period, was found to be .89 on a portion of the total sample. As summarized by Beck and Heimberg (1983), the temporal stability of CSES test scores has been closely replicated by several investigators. Means across samples for both sexes range from 120.31 (SD = 18.05) to 128.09 (SD = 15.46). The authors report that males scored slightly higher than females in all samples, although the significance level of the differences is not given.

Of the many assertiveness scales available for use in research, this instrument was chosen for the present study because it was designed specifically for college samples very much like the sample used here. However, this factor may limit the generalizability of the results to the rest of the population (Beck & Heimberg, 1983). It also has the advantage of better reliability, validity and normative data than most other assertiveness scales (Beck & Heimberg, 1983).

III. PROCEDURE

The students who volunteered to complete the inventories were given a packet containing the four instruments, arranged in the following order: Social Interest Index, Social Interest Scale, Questionnaire Measure of Emotional Empathy, and College Self-Expression Scale. All test packets were arranged in the same way, to equalize any possible test order effects across all subjects. It is assumed that the subjects filled out the inventories in the order that they were presented, as most packets were returned with the instruments in the same order. Each instrument provided its own set of instructions for completion. The subjects were further instructed to answer all the items during the week after receipt to the best of their ability and knowledge. The completed inventory packets were collected from the subjects; approximately 50% of those who received inventory packets returned them. Of those returned, four were found to be spoiled due to incomplete information, and so were discarded from the sample, leaving a final total of 95 responses from subjects.

CHAPTER 4 - RESULTS

The raw data was collected, entered item by item into a computer data-base program (130 items per subject), then each subject's individual scores on the four instruments were calculated. The raw data and total scores were then transferred to a computer statistical analysis program (Statview 512+, 1986), and the descriptive statistics, t-tests, Pearson Product-Moment correlation coefficients and multiple regression analysis were calculated. Item analysis was calculated using the computer program LERTAP 2.0.

A summary of the descriptive statistics for all four tests is shown in Table 1. In an attempt to address some of the psychometric criticisms of the lack of detailed normative data in past assertiveness research, the frequency distributions of all measurement instruments with the present sample are included in Appendix A. All scales except the Social Interest Scale (see discussion below) produced frequency distributions approximating the normal distribution.

An item analysis was conducted for each scale as a validation of the performance of the test items with the present sample. The results of the item analysis are found in Appendix B. Point-biserial correlations for The Social Interest Scale items, scored as correct or incorrect, ranged from .24 to .63, an acceptable though not optimum result. Regarding the tests which used a multiple scored response format, items with an interitem subscore correlation of .205 (the critical value for a level of significance of .05) and higher are considered acceptable. Using this criterion, three items on the Social Interest Index, eight items on the Questionnaire Measure of Emotional Empathy, and four items on the College Self-Expression Scale fail to meet acceptable psychometric standards. Although the majority of the items are sound, some test items are not performing well in this sample (that is, the correlation is below .205, the value required for significance) , so confidence in the validity of the results is somewhat reduced.

Therefore, the results of the statistical tests discussed below for these instruments must be interpreted conservatively.

The total group mean and standard deviation of the first measure of social interest, the Social Interest Index (M = 129.10, SD = 11.25), is comparable to that reported in the original test study (M = 124.97, SD = 12.13). Although Greever, Tseng, and Friedland (1973) reported that females achieved significantly higher scores of social interest than males, male and female means in the present study were not found to differ significantly (t = 1.52, p = .13; df = 93, two-tailed test). The split-half reliability for the present sample was .88 (corrected using the Spearman-Brown formula). Cronbach's coefficient alpha for the Social Interest Index for the present sample was found to be .92. Thus, both reliability indexes are within the acceptable range (Borg & Gall, 1983).

The total group mean and standard deviation for the second social interest

TABLE 1.
Means, Standard Deviations, And Score Ranges on Measures of Social Interest, Empathy, And Assertiveness for the Total Sample, Males, and Females

	MEAN	SD	RANGE
Total Group (N = 95)			
Social Interest Measure 1	129.105	11.255	80 - 150
Social Interest Measure 2[a]	9.726	3.279	1 - 15
Empathy Measure	49.095	22.636	-32 - 111
Assertiveness Measure	126.00	23.294	65 - 173
Males (N = 18)			
Social Interest Measure 1	125.50	14.602	80-143
Social Interest Measure 2[a]	7.833*	3.682	1 - 14
Empathy Measure	35.222*	21.591	-32 - 64
Assertiveness Measure	126.33	16.489	95 - 154
Females (N = 77)			
Social Interest Measure 1	129.948	10.256	107 - 150
Social Interest Measure 2[a]	10.169*	3.037	3 - 15
Empathy Measure	52.338*	21.754	-14 - 111
Assertiveness Measure	125.922	24.703	65 - 173

Note: Social Interest Measure 1 is the Social Interest Index
Social Interest Measure 2 is the Social interest Scale
Empathy measure is the Questionnaire Measure of Emotional Empathy
Assertiveness Measure is the College Self Expression Scale

[a] - Results from the Social Interest Scale are excluded from the balance of the results due to insufficient range
*Difference between M and F means is significant - $p < .05$, df = 93 (2 - tail)

measure, the Social interest Scale (M = 9.73, SD = 3.279), is comparable to that reported by Crandall (1975) (M = 8.43, SD = 3.57). A significant difference between male and female means was found for the Social Interest Scale (t = 2.82, p = .006; df = 93, two-tailed test). The split-half reliability for the present sample was .77 (corrected using the Spearman-Brown formula). Cronbach's coefficient alpha for the present sample on this test was found to be .76. Again, both reliability indexes are within the acceptable range.

The validity of the Social Interest Scale scores is questionable because of its low ceiling in the present sample. Four of the 95 subjects achieved perfect scores of 15 on this scale, whereas no one achieved a perfect score on the other social interest measure. This means that correlation for the top end of the sample distribution will be restricted due to the inability of the Social Interest Scale to provide adequate discrimination among high scoring subjects. No information regarding the expected range of scores from previous research could be found among the literature. Therefore, it was concluded that the results from the Social interest Scale should be excluded from further analysis. All subsequent references to social interest results pertain to those obtained on the Social Interest Index.

The total group mean for the empathy measure, the Questionnaire Measure of Emotional Empathy (M = 49.095, SD = 22.636), is higher than that reported by Mehrabian and Epstein (1972) (M = 33, SD = 24), although the standard deviation is comparable. As with the original sample, females were found to score significantly higher than males (t = 3.01 , p = .003; df = 93, two-tailed test). Both the male and female means are higher than in the original sample, with standard deviations being similar. The split-half reliability of the present sample was .85 (corrected using the Spearman-Brown formula), which confirms that reported in the original study (r = .84). Cronbach's coefficient alpha for the present sample on

this test was found to be .77. Both indexes of reliability are within the acceptable range.

The total group mean on the assertiveness measure, the College Self-Expression Scale (M = 126.00, SD = 23.294), is within the range reported for both sexes by Galassi et al. (1974) (M = 120.31 - 128.09), although the standard deviation is larger. Unlike the original study, no significant difference was found between the male and female scores (t = -.07, p = .95; df = 93, two-tailed test). The split-half reliability of the present sample was .89 (corrected using the Spearman-Brown formula). Cronbach's coefficient alpha for the present sample was found to be .90. Both indexes of reliability are within the acceptable range.

As significant differences were found between males and females for the empathy scale, the statistical calculations pertaining to the research questions were computed and reported separately for males and females. The male group consisted of 18 subjects, and the female group of 77 subjects.

Research Question 1. Scores on a measure of assertiveness correlate positively, though moderately, with scores on social competence, as measured by social interest. As shown in Table 2, scores on the assertiveness

TABLE 2.
Intertest Correlations Between Measures of Social Interest, Empathy, and Assertiveness for the Total Sample, Males and Females

	1	2	3
1. Social Interest Measure 1			
2. Empathy Measure			
Total Group (N = 95, df = 93)	.361*		
Males (N = 18, df = 16)	.719***		
Females (N = 77, df = 75)	.217*		
3. Assertiveness Measure			
Total Group (N = 95, df = 93)	.410*	-.003	
Males (N = 18, df = 16)	.640**	.288	
Females (N = 77, df = 75)	.390***	-.044	

*Correlation is significant - p < .05 (2-tail)
**Correlation is significant - p < .01 (2-tail)
***Correlation significant - p < .001 (2-tail)
Note: Social Interest Measure 1 is the Social Interest Index
Empathy measure is The Questionnaire Measure of Emotional Empathy
Assertiveness Measure is The College Self-Expression Scale

measure, the College Self-Expression Scale, of both males and females correlated positively with scores on the social interest measure, the Social Interest Index. The significant correlation for females is under .50, and so can best be described as slight, accounting for less than 16% of the variance. The significant correlation for males is based on a much smaller sample than the females, so the relationship is also best described as slight. Thus, the hypothesis of Research Question 1 is supported for both sexes, although only a slight instead of a moderate relationship was found between social interest and assertiveness.

Research Question 2. Scores on a measure of empathy correlate positively, though moderately, with scores on social competence, as measured by social interest. As shown in Table 2, scores of both males and females on the empathy measure, the Questionnaire Measure of Emotional Empathy, correlate positively with scores on the social interest measure, the Social Interest Index. As with Research Question 1, the significant correlations are best described as slight, accounting for less than 5% of the variance for females. Thus, the hypothesis of Research Question 2 is supported by the data from the present sample, although only a slight relationship was found, rather than a moderate one, between social interest and empathy.

Research Question 3. Scores on a measure of empathy correlate positively, though slightly, with scores on a measure of assertiveness. As shown in Table 2, scores of both males and females on the assertiveness measure, the College Self-Expression Scale, show no significant correlation with scores on the empathy measure, the Questionnaire Measure of Emotional Empathy. Thus, the hypothesis of Research Question 3 is not supported.

Research Question 4. In a multiple regression analysis, significantly more of the variance of social competence is accounted for by including both assertiveness and empathy in the regression equation than is

accounted for by either predictor alone. As shown in Table 3, the multiple correlation coefficient of the criterion (dependent) variable, social interest, is larger for both males and females when the predictor variables, assertiveness and empathy, are combined. For males, over 70% of the variance of the social interest scores is accounted for by the combination, as opposed to only 52% for empathy alone, or 41% for assertiveness alone (see Table 2). For females, approximately 21% of the variance of the social interest scores is accounted for by the combination, as opposed to 5% for empathy alone, or 15% for assertiveness alone (see Table 2). Thus, the prediction of Research Question 4 is supported.

The scattergrams for the multiple regression analysis (for the total group, female and male subgroups) are included in Appendix C. An inspection of the scattergrams reveals the presence of an outlying empathy score (subject #79) in the male portion of the sample. This score is widely discrepant from any in the rest of the group, and exercises a strong influence on the relationship between empathy and social interest for the males. No explanation for the discrepancy of this score can be gleaned from available information, so the decision was made to include the score as part of the data set. It should be noted, however, that the correlation for males in this sample between empathy and social interest may be artificially inflated due to the unexplained presence of this outlier, so a conservative interpretation of this results is warranted.

TABLE 3.

Multiple Regression Analysis of Social Interest, as Predicted by Assertiveness and Empathy for the Total Group, Males, and Females

	Social Interest R	Social Interest R^2	Assertiveness Beta coefficient	Empathy Beta Coefficient
Total Group (N = 95)	.547***	.299	.199***	.180***
Males (N = 18)	.852***	.722	.418**	.394**
Females (N = 77)	.455***	.207	.166***	.110*

*Significant - $p < .05$
**Significant - $p < .005$
***Significant - $p < .0005$

CHAPTER 5 - DISCUSSION AND SUMMARY

The purpose of this study was to provide empirical evidence that assertiveness has a place in contemporary psychology through its connection with social competence as operationalized by Adler's theory of social interest, and to explore the relationship between assertiveness and empathy as a possible means to improve the positive social consequences of assertiveness. Data from self-report measures of social interest, assertiveness, and empathy were gathered from undergraduate education students, and the correlations between these measures calculated. In this chapter, the methodological limitations of the study will be noted, and the major findings related to the research questions will be reviewed. The results will be compared to other findings in the field and interpreted. Implications of the findings and suggestions for future research will be discussed.

Methodological Issues

Several general methodological issues of the present study need to be considered when interpreting the results. The first involves the limitations of the correlational method in general. No conclusions about cause-and-effect can be made from correlational research alone (Borg & Gall, 1983). Thus, for example, it cannot be concluded that higher levels of assertiveness *cause* higher levels of social interest, based on the results of this study. Therefore, the results represent only an attempt to establish the degree of relationship between social interest, assertiveness, and empathy, as predicted by Adler's theory. Further study based on more rigorous, experimental design is required before any causal conclusions can be formed about the relationship between these three variables. The importance of this study lies in its objective of pointing out a direction for theoretical conceptualization which will lead to a better understanding of assertive behaviour.

Secondly, the sample used in this study limits the generalizability of the results. The representativeness of the present sample is restricted on two counts. The first is the use of volunteers as subjects. Borg and Gall (1983) stated that volunteers can be expected to differ from non-volunteers on a number of personality variables. For example, volunteers tend to have a higher need for social approval, to be more sociable, and to be more altruistic than non-volunteers, all variables which have a bearing on the present study. Secondly, the use of university education undergraduate students also restricts the representativeness of this sample. These subjects can be expected to be more intelligent, come from a higher social status background, and be higher in social interest than the average person because of their choice of education as a field of study, as evidenced by the perfect scores obtained by four subjects on one social interest scale. Because of an *a priori* selection process of available persons for sampling in the university milieu, the results of this study may also be affected by a restricted sampling range, which would result in lower correlation coefficients than would exist in the normal population. The lack of balance between male and female subjects in this study also is a problem, in that the subgroups' scores cannot be easily compared for significance. The presence of an unexpected male outlier score adds to the restricted generalizability of the male results. Because of these sampling limits, further study, using more rigorous random sampling methods among the general population, is required to support the results found here.

The third area of methodological concern in the present study is the use of self-report measurement instruments. The results of self-report inventories in general are limited in that "they are only accurate to the degree that the self-perceptions are accurate and to the degree that the person is willing to express them honestly" (Borg & Gall, 1983, p. 336). There is a great deal of debate

concerning the predictive validity of self-report to actual assertive behaviour, due to the low correlations found between self-report measures and behavioural measures (Rakos, 1991). However, St. Lawrence (1987) pointed out that self-report measures of assertiveness can be both valid and predictive under certain circumstances. For example, "subjects more accurately predict their behaviour when they are asked for specific responses to specific situations than when they are asked for global dispositions" (p. 160). Therefore, while the self-report instruments used here display sufficient validity for exploring the relationships between the variables in question, the results need to be validated against actual observed behaviour in a controlled situation before practical use can be made of them.

The fourth area of concern relates to the psychometric properties of the assessment instruments used. As discussed in Chapter 2, there is a paucity of basic psychometric information available on assertiveness self-report measures, including the College Self-expression Scale, used here. This applies to the two social interest inventories and to the empathy scale as well. An attempt has been made in the present study to address some of the psychometric criticisms by providing frequency distributions, internal consistency indexes, and item analysis results for all four instruments. However, it is difficult to interpret these indices of psychometric soundness beyond generalizations of adequacy because comparison to past research can so rarely be made.

In general, the inventories performed reasonably well in the present sample, with the exception of the Social Interest Scale, here used as the second measure of social interest. The presence of a ceiling effect points to a definite limitation of this instrument with samples that can be expected to score high on social interest. More items need to be added which provide better discrimination among high scorers to improve the psychometric properties of this scale. It is difficult to say,

however, what the range of expected scores in the general population is, because no attempt has been made to standardize this instrument, nor the other three scales used here. This makes it impossible to answer the question of whether education undergraduate students are more socially interested, empathic, and/or assertive than average persons. More work needs to be done in this area.

The internal consistency indices for these instruments were quite high, indicating that the items of each test tend to be measuring the same construct (Cronbach, 1951). Cronbach stated that the higher the internal consistency of a test, the more homogenous are the items, and the more interpretable is the test score. This is what makes internal consistency a desirable psychometric property. Ease of interpretation requires "that a large proportion of the test variance be attributable to the principal factor running through the test" (Cronbach, 1951; p. 320), which may be assumed to be the construct that the test purports to measure, such as social interest, assertiveness, and so on. The high internal consistency result for the College Self-expression Scale found here has implications for the state versus trait conceptualization of assertiveness, but a detailed discussion is beyond the scope of this study. Suffice it to say that more study is required before a satisfactory explanation for these results can be derived.

The item analyses of the four scales indicated that while most items were adding a share toward the total scores, there is room for some improvement. This is especially true with the empathy measure, the Questionnaire Measure of Emotional Empathy, on which eight items failed to reach significant correlations with the others (see Appendix B, Table B-3). As no other item analysis information on the QMEE could be found in the literature, it is uncertain whether this result is due to the nature of the present sample, or whether some other factor is at work. Closer attention to item analysis (and to all psychometric issues) for

assessment instruments needs to be paid in future research in the fields of social interest, empathy, and assertiveness.

Social Interest and Assertiveness

The hypothesis of Research Question 1 was supported, although the results were not as strong as predicted. Only a slight, rather than a moderate, positive correlation was found between social interest and assertiveness. There are several possible methodological reasons for this result. This result could reflect the limited scope of the instrument used to assess social interest, the Social Interest Index. This instrument uses only 32 items to assess the wide-ranging and complex construct of social interest, as outlined in Chapter 2. By comparison, the assertiveness inventory consists of 50 items, and assertiveness is not supposed to be as global a construct as social interest. Although the Social Interest Index does cover the four areas which Adler poses as important in social interest (work, love, friendship and self-significance), the items used probably do not survey a wide enough sample of behaviours, emotions and cognitions to represent an in-depth analysis of the subject's true level of social interest. At best, scores on the Social Interest Index probably give a very general estimate of social interest level. The authors have acknowledged that their instrument is merely a starting point for the assessment of social interest, and much work remains to be done in this area (Greever, Tseng, & Friedland, 1973). If the Social Interest Index does not cover areas of social competence that are strongly related to assertiveness, then the strength of a correlation between the two tests would be limited by the item range of the weaker test.

The slight correlation between assertiveness and social interest could also result because the definition of assertiveness used by Galassi et al. (1974) does not reflect a strong concern with the social competence aspect of assertive behaviour. This instrument was designed well before the negative social

consequences of assertiveness became an issue in assertiveness research. Although a definition of assertiveness is given in the study which introduces the test and its items, the test authors do not explicitly state that this definition guided the selection of items. In fact, the test items were in part taken from previous instruments by other authors, who may have subscribed to an entirely different definition.

The authors of the CSES do not make explicit their item selection process, beyond stating that three types of assertiveness are surveyed (positive, negative, and self-denial). An examination of the test items reveals that the majority of the questions involve standing up for one's self in situations of conflict of interest. For example, item 15 reads as follows: "If food which is not to your satisfaction is served in a restaurant, would you complain about it to the waiter?" And item 38: "If a person teases you to the point that it is no longer fun, do you have difficulty expressing your displeasure?" The responses to these items indicates frequency or probability of an assertive response, but, as Paterson, Dickson, Layne, and Anderson (1984) pointed out, the test score gives no indication of the quality of response that would have been made by the subject. Swimmer and Ramanaiah (1985) also evinced concern about the possible aggressive quality of responses to CSES items that deal with expressions of anger. The quality of the response would make a significant difference in the level of social competence or social interest displayed by the person responding to situations posed by the test items.

Only one other study has reported on the correlation between social interest and assertiveness. Fish and Mozdzierz (1988) correlated scores on the Sulliman Scale of Social Interest with scores on the Rathus Assertiveness Scale for a psychiatric population, as part of an attempt to validate the social interest instrument. No difference in assertiveness was found between subjects scoring high versus low in social interest. The differences between Fish and Mozdzierz

(1988) and the present study in the assessment instruments and the samples used are obvious, making it difficult to compare the results of these two studies. Further research is required to explore the nature of the relationship between social interest and assertiveness.

If assertiveness is truly related to social interest, a new direction for assertiveness research and training programs in the future is implicated within the theoretical framework of Adler's social interest. As discussed in Chapter 2, the study of assertiveness is badly in need of theoretical direction in order to elevate it above the status of a pop psychology fad. According to Adler's theory, assertiveness is certainly not a passing fad; it is a necessary skill in the development and maintenance of healthy democratic relationships, which in turn are necessary for the development of the general mental health of all society. The goal of positive social development is also espoused by the social competence movement within contemporary psychology, and Adler's model of social interest fits the criteria of a social competence model for human psychological development. A definition of assertiveness founded in the theory of social interest could be developed and validated through research. Furthermore, either new assessment instruments that emphasize the social competence aspects of assertiveness could be created, or existing tests interpreted in respect to their connection to the appropriate social skills laid out by social interest theory. Training programs based on social interest would have a clear set of prosocial values to guide trainers and participants in evaluating appropriate assertive responses and to give a well-defined direction to the development of socially competent behaviour. These aspects have so far been lacking and have given rise to dissatisfaction with standard assertiveness training programs.

Social Interest and Empathy

In regards to Research Question 2, the hypothesis of a positive relationship between social interest and empathy was supported, although the strength was slight rather than moderate. The same cautions raised regarding limitations of the Social Interest Index for Research Question 1 apply here. The QMEE as a measure of empathy also suffers some limitations in that it measures only one of two postulated aspects of empathy. The test authors, Mehrabian and Epstein (1972), explicitly stated that their purpose is to construct a test of empathic emotional responsiveness, as opposed to the other facet of empathy, cognitive role-taking ability. Chlopan, McCain, Carbonell, and Hagen (1985) concluded that "the literature on the QMEE indicates that it is measuring emotional arousal and may even be tapping a general tendency to be arousable in various situations" (p. 650). Thus, the present study provides support for the positive relationship between social interest and empathic emotional arousability, but would the results be similar if a test of the cognitive-role taking aspect of empathy were used instead? Further study is needed to answer this question.

The sex differences in empathy that were found in the present study appear to be a function of the instrument used to assess empathy, and are not unique to this sample. Eisenberg and Lennon (1983) found that every study using the QMEE that reported means for the sexes separately evinced higher scores for females than for males, especially among adults. It appears that the present study simply adds more weight to this finding. This result is probably related to the explicit purpose of the QMEE to measure empathic emotional responsiveness, and to the self-report nature of the test. As Eisenberg and Lennon (1983) explained, emotional responsiveness is associated with stereotyped feminine behaviour in North American culture, so "it is highly likely that females would be more willing than males to present themselves as being empathic and/or sympathetic, even if

there were no real sex differences in responsiveness" (p. 125). This conclusion is borne out by examining the items of the QMEE. Four of the items relate to crying, which remains a response very much outside of the North American male stereotype. There is evidence to suggest that sex differences are not observed when measuring the cognitive role-taking ability aspect of empathy (Chlopan et al., 1985).

Other research has been done to support the results found for Research Question 2 in the present study. Crandall (1981) found a correlation of .40 between the Social Interest Scale and the Questionnaire Measure of Emotional Empathy, which is very similar to the result found here ($r = .361$). The Social Interest Index does not appear to have been previously correlated with any empathy measure. In their review of the literature on the measurement of empathy, Chlopan et al. (1985) indicated that those who score high on the QMEE tend to be more socially aware, help others more often, and develop higher levels of prosocial judgment. These results accord with empathy as a facet of social competence/social interest. However, more research would strengthen the support for the connection between social competence/social interest and empathy found here.

The implication of the positive, albeit slight, relationship found between social interest and empathy in the present study is to provide support for the argument to combine empathy training with assertiveness training in order to further increase social competence as a result of such training.

Assertiveness and Empathy

Research Question 3 hypothesized that assertiveness and empathy would be correlated in a slight, positive direction. This hypothesis was not supported; no relationship was found to exist between these two constructs as measured in this study. There are several possible explanations for this result. The first is

concerned with the assessment instruments used in the present study. It is possible that assertive responses as conceptualized and measured by the CSES have nothing in common with empathic responses in the same situations as conceptualized and measured by the QMEE. The CSES may be measuring a tendency to respond in a standard assertive manner, which most likely does not reflect a consideration for the feelings of the other parties involved in the interaction (with attendant negative social consequences). Thus, the matching of these two particular measurement instruments with their particular construct definitions could have resulted in a false negative observation in the present study. The combination of two other assessment instruments which are based on different definitions of the two constructs might not produce the same result. For example, a test of assertiveness based on types of irrational beliefs correlated with a test of empathy based on cognitive role-taking ability might produce results in the predicted direction. Further research is required before this explanation can be confirmed.

The second possible reason for the lack of observed relationship is related to popular misconceptions about the meaning of assertiveness. Assertive behaviour is often perceived as aggressive behaviour. Most lay persons, when asked, find the differences between assertion and aggression too subtle to distinguish, and will use the terms interchangeably. Dictionaries will often list *aggressive* as a synonym for *assertive*. Recent research has indicated that "the lay population not only fails to distinguish between them . . . but also evaluates both of them negatively" (Galassi, Galassi, & Vedder, 1981, p. 293). Even experts in assertiveness have difficulty in sorting out the differences between the two (Rakos, 1991). The subjects in this study were certainly aware that one of the questionnaires they were completing concerned their assertive behaviour. It could be that the highly assertive subjects view empathic responding as

tantamount to submitting or giving in, and so reject it. Conversely, the highly empathic subjects may view assertive responding as aggressive, inconsiderate and unyielding, and so reject it as incompatible with their values. Thus, the present finding may have resulted because of the biases of the subjects in their self-reporting of valued versus negatively perceived social behaviours. Research that depends on measures other than self-report, or that disguises the purpose of the questionnaires, would be necessary to test this explanation.

What are the implications of this finding for increasing the positive social consequences of assertiveness through empathic assertiveness training? If laypersons do indeed perceive assertiveness and empathy as incompatible, It seems necessary to re-define assertiveness as taught in training programs so that it emphasizes the mutually beneficial social aspects of acting assertively rather than the personal benefits alone. An important question which needs to be studied is: why do people sign up for assertiveness training programs in the first place? What do they hope to gain from it? It is the opinion of this author that people who are feeling powerless, unfairly treated or downtrodden in authoritarian-structured relationships look to assertiveness as a means (even as a trick) to increase their personal sense of power, to feel more in control, as a way to get even with those who are perceived as oppressive. However, the assertiveness trainee fails to recognize (and the standard program probably does not make explicit) that the root of the difficulty lies in the way in which the problem situation is structured (that is, the authoritarian rules by which the relationship in question operates). Increasing personal power without taking on the social responsibilities of cooperation, empathy, and mutual respect will lead only to an escalation of attack strategies, as both parties involved fight to gain the upper hand in the ensuing power struggle. The point of assertiveness training then becomes training for cooperative, democratic relationships among equals with

mutual respect. Assertiveness becomes a social skill that improves interpersonal relationships by ending the power struggle, by removing the importance of being the most powerful one in the relationship. This would help to clarify to the layperson the compatibility of assertive with empathic behaviour, as well as increasing the likelihood of positive social consequences of acting assertively.

Assertiveness, Empathy, and Social Competence as Social Interest

Research Question 4 hypothesized that combining assertiveness and empathy would lead to greater social competence, as operationalized by social interest. This hypothesis was supported, providing further evidence that assertiveness and empathy can be conceptualized as facets of social competence/social interest. The weight of each variable in the regression equation is certainly affected by the methodological concerns associated with the other research questions, and so the true relationships may be stronger than those observed here. The previous research cited on the assertiveness-social interest and empathy-social interest relationships is also relevant here in providing a precedent for the present results. The importance of the result for this research question is to provide actual empirical evidence for a speculated relationship that assertiveness and empathy are a part of the more global construct of social competence/social interest. However, since no conclusions about cause and effect can be made from a correlational study such as this, further study is required to establish the causal direction of the relationship. Does an increase in assertiveness and/or empathy cause an increase in social competence/social interest, or do higher levels of social competence/social interest cause more assertive and/or empathic behaviour to occur? According to Adler, an interaction of the variables, with a spiraling effect on each other, would be predicted. Thus, as social interest increases, the propensity to act assertively would also increase, which would in

turn result in a higher level of social interest development, and so on. This question remains to be answered.

This result also has exciting implications for the development of measuring instruments of social competence. Clearly, the instrument used here, the Social Interest Index, is limited in scope, and a more sophisticated assessment device is required. The fact that combining the results of two established measures of proposed social competence facets has resulted in a better prediction of social competence scores implies that further test scores could be added to the regression equation to increase the amount of variance accounted for. It is proposed that a set of measures be tested for their contribution to social competence and the best combined into an assessment battery of social competence. Such a battery would provide subtest scores on the different facets, such as assertiveness or empathy, and also a global, overall social competence score. This would provide clinicians with a picture of the state of mental health of a client, rather than a picture of mental dysfunction, such as the MMPI does. The test scores could then be used to find the areas of social strength and weakness of the individual, and a treatment plan to bolster weak areas derived. This would meet the requirements of clinicians who wish to work from a social competence rather than a mental disease model of mental functioning.

Such an assessment battery would have to demonstrate several kinds of validity, as Levenson and Gottman (1978) have outlined. First, the subtests would have to provide discriminant validity between competent and incompetent populations. Next, the subtests must provide discrimination between the different kinds of social competence, such that each subtest score is a reliable and valid measure of that facet of social competence. Finally, the subtest scores must show differential treatment effects designed for that particular facet of social competence. Added to these requirements would be the necessary psychometric

qualities of temporal stability, inter-item consistency, and external , convergent and construct validity. Although much work must be undertaken before a workable scale could be constructed, the existence of a comprehensive theory of social competence, as supported by the results of the present study, to direct the choice and analysis of scales means that such a task can be realistically accomplished.

Conclusions

In conclusion, the results of this study provide empirical evidence that social competence, as indexed by social interest, is related to assertiveness and to empathy, and that combining assertiveness with empathy should result in higher levels of social competence. Although the relationships found were slight, these results support the usefulness of the assertiveness construct by demonstrating its link with social competence. The results also provide support for the use of Adler's social interest construct as a theoretical framework for explaining and predicting assertive behaviour, and provide the much needed theoretical direction for the field of assertiveness. No relationship was found between assertiveness and empathy, and it was postulated that popular misconceptions regarding the nature of assertiveness among the general public led to this result. The following suggestions for further study were made:

1) This study should be replicated using a sample representative of the general population, chosen by rigorous, random methods, using equal numbers of males and females, in order to provide greater generalization of results.

2) The theoretical hypotheses presented in this study should be examined in a rigorous manner using an experimental research design, preferably involving observations of actual behaviour, that will provide a basis for causal conclusions about the nature of the relationships between social competence, empathy and assertiveness.

3) The psychometric properties, especially the score distributions, internal consistency and inter-item correlations, of the Social Interest Index, the Social Interest Scale, the Questionnaire Measure of Emotional Empathy, and the College Self-expression Scale, should in general be studied and reported in greater detail than has previously been done in the literature of each field, to facilitate and clarify the use of these instruments in future research.

4) The theoretical implications of the relationship between assertiveness and social interest should be pursued, especially in regards to the definition of assertiveness, to its assessment, and to its training.

5) The relationship between social interest and the cognitive-role taking aspect of empathy should be further studied.

6) The relationship between assertiveness and empathy should be further examined using different measures than those used here, especially measures that do not involve obvious self-report methods.

7) An evaluation of the definition of assertiveness given in standard assertiveness training programs should be undertaken, as should a survey of the goals for training of assertiveness program trainees.

8) Efforts to design a comprehensive battery of tests to measure social competence, based on Alder's social interest construct, should be made, with consideration given to the psychometric properties, divergent validity, discriminant validity, and the sensitivity to treatment effects of such a battery.

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APPENDIX A

Frequency Distributions for Measures of Social Interest, Empathy, and Assertiveness

FIGURE A-1.
Frequency Distribution of the Social Interest Measure 1 (Social Interest Index) for the Total Group

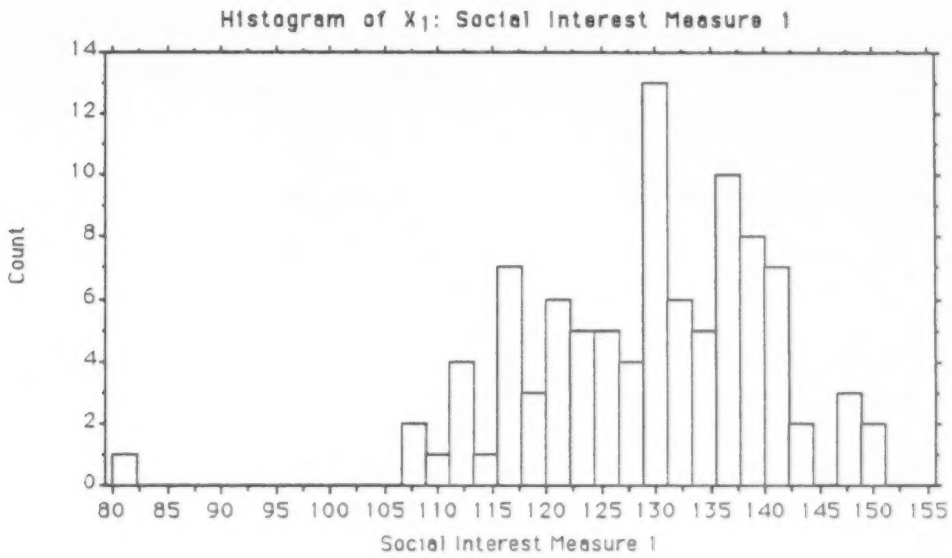


FIGURE A-2
Frequency Distribution of the Social Interest Measure 2 (Social Interest Scale) for the Total Group

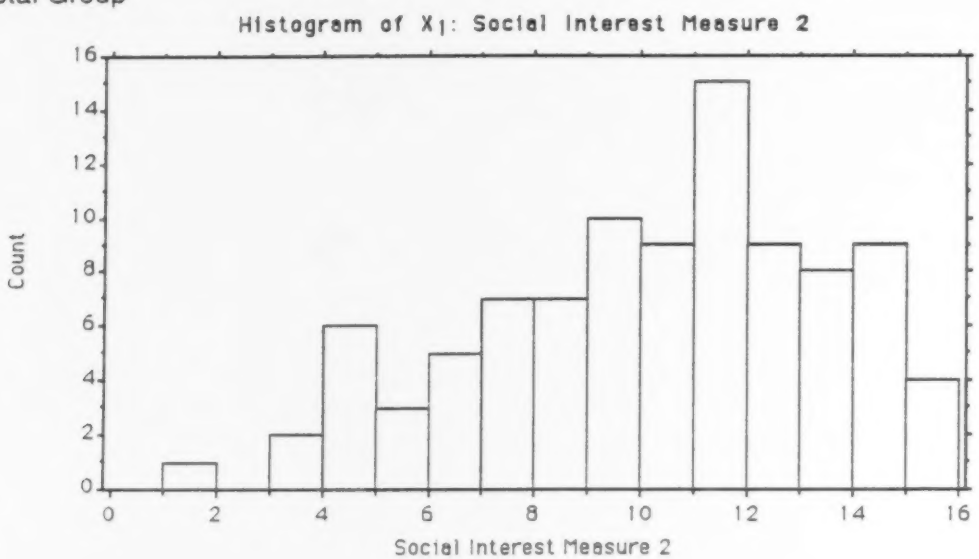


FIGURE A-3
Frequency Distribution of the Empathy Measure (The Questionnaire Measure of Emotional Empathy) for the Total Group

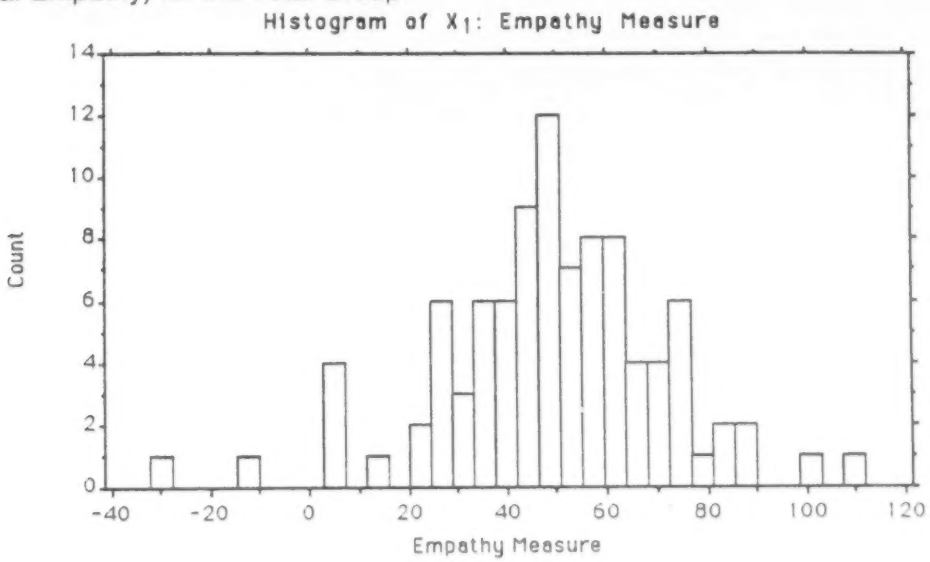
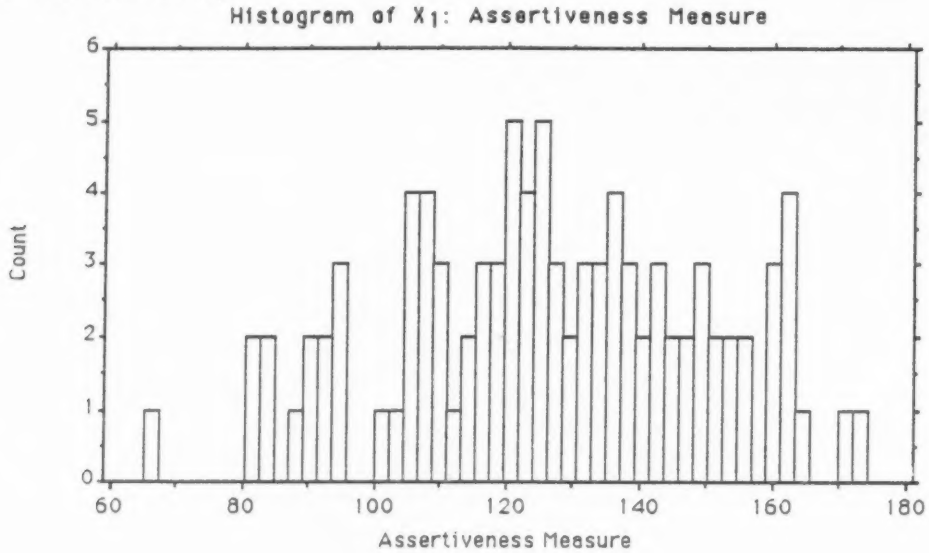


FIGURE A-4
Frequency Distribution of the Assertiveness Measure (College Self-expression Scale) for the Total Group



APPENDIX B

Item Analysis of Measures of Social Interest, Empathy, And Assertiveness

TABLE B-1
Interitem Correlations with Subtest Totals for Social Interest Measure 1 (Social Interest Index) (N = 95)

Item	*r*	Item	*r*
1	.454***	17	.322**
2	.369***	18	.380***
3	.377***	19	.390***
4	.413***	20	.346***
5	.289**	21	.340***
6	.442***	22	.557***
7	.325**	23	.511***
8	.297**	24	.363***
9	.407***	25	.384***
10	.466***	26	.433***
11	.437***	27	.279**
12	.203	28	.306**
13	.119	29	.339***
14	.437***	30	.373***
15	.238*	31	.140
16	.335**	32	.280**

df = 93
Standard error of measurement: 4.52
* - significant at p < .05
** - significant at p < ..01
*** - significant at p < .001

TABLE B-2
Point-Biserial Correlations with Subtest Totals for Social Interest Measure 2 (Social Interest Scale) (N = 95)

Item	r_{bis}
2	.63
3	.37
5	.63
7	.53
9	.54
11	.45
12	.62
14	.24
15	.36
18	.47
19	.44
20	.43
21	.51
22	.55
23	.38

Standard error of measurement - 1.56

TABLE B-3
Interitem Correlations with Subtest Totals for Empathy Measure (Questionnaire Measure of Emotional Empathy) (N = 95)

Item	*r*	Item	*r*
1	.250*	18	.251*
2	.201	19	.284**
3	.293**	20	.381***
4	.033	21	.095
5	.358***	22	.280**
6	.333**	23	.305**
7	.372***	24	.326**
8	.459***	25	.331**
9	.279**	26	.248*
10	.328**	27	.187
11	.035	28	.299**
12	.057	29	.343***
13	.248*	30	.237*
14	.462***	31	.355***
15	.128	32	.435***
16	.408***	33	.136
17	.405***		

df = 93
Standard error of measurement: 10.62
* - significant at p < .05
** - significant at p < ..01
*** - significant at p < .001

TABLE B-4
Interitem Correlations with Subtest Totals for Assertiveness Measure (College Self-expression Scale) (N = 95)

Item	*r*	Item	*r*
1	.543***	26	.373***
2	.238*	27	.536***
3	.197	28	.312**
4	.305**	29	.259*
5	.187	30	.333**
6	.303**	31	.265*
7	.297**	32	.351***
8	.352***	33	.310**
9	.375***	34	.393***
10	.274**	35	.442***
11	.269**	36	.066
12	.246*	37	.292**
13	.256*	38	.517***
14	.397***	39	.439***
15	.582***	40	.313**
16	.496***	41	.540***
17	.393***	42	.462***
18	.438***	43	.488***
19	.461***	44	.451***
20	.253*	45	.462***
21	.508***	46	.236*
22	.400***	47	.367***
23	.351***	48	.506***
24	.384***	49	.437***
25	.171	50	.554***

df = 93
Standard error of measurement: 7.31
* - significant at p < .05
** - significant at p < ..01
*** - significant at p < .001

APPENDIX C

Scattergrams of Multiple Regression Analysis of Social Interest as Predicted by Assertiveness and Empathy

FIGURE C -1
Scattergram for Social Interest as Predicted by Assertiveness for Total Group (N = 95)

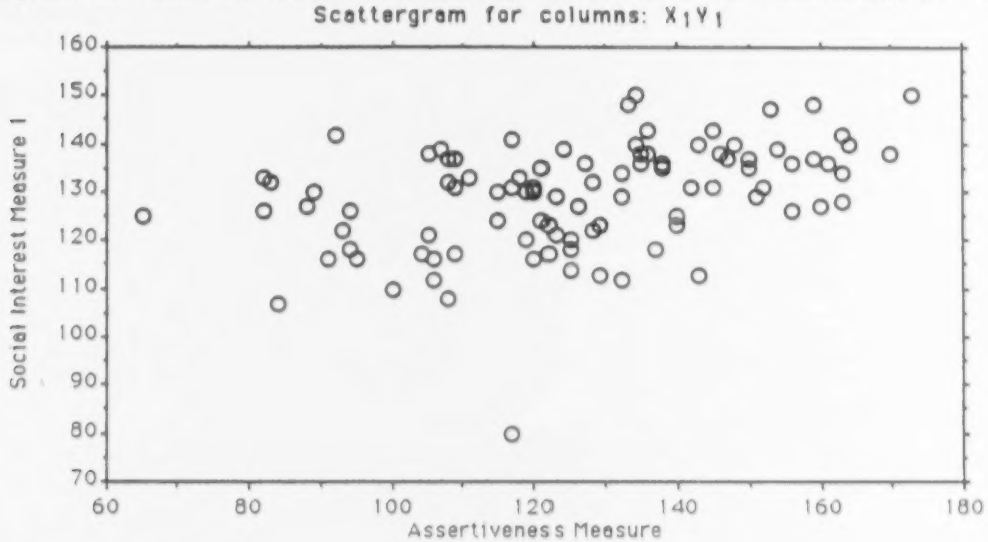


FIGURE C -2
Scattergram for Social Interest as Predicted by Empathy for the Total Group (N = 95)

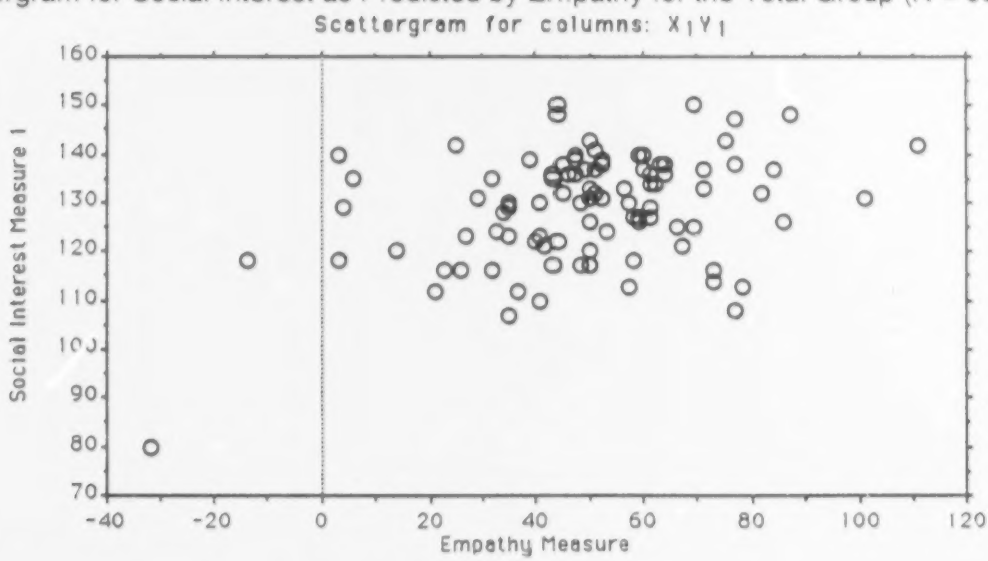


FIGURE C -3

Scattergram for Social Interest as Predicted by Assertiveness for Males (N = 18)

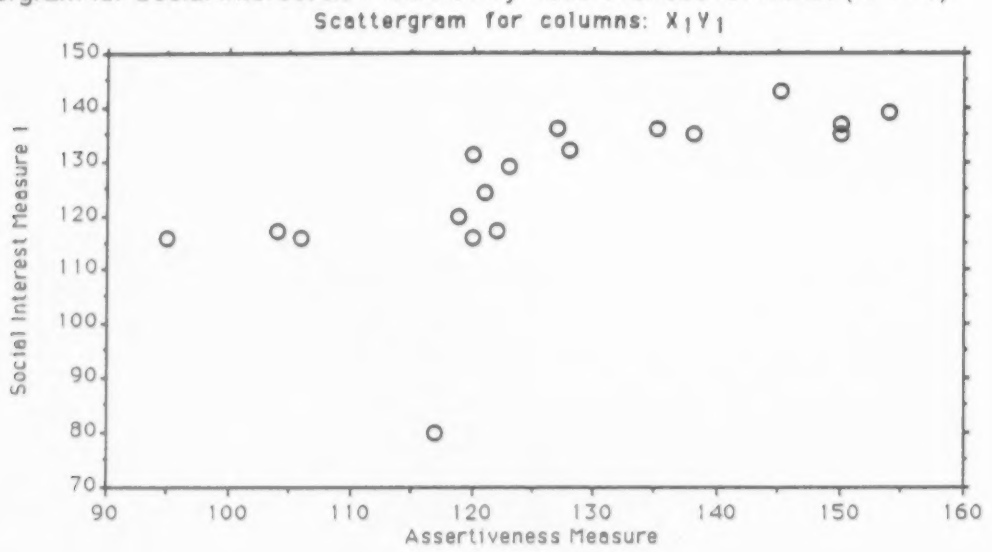


FIGURE C -4

Scattergram for Social Interest as Predicted by Empathy for Males (N = 18)

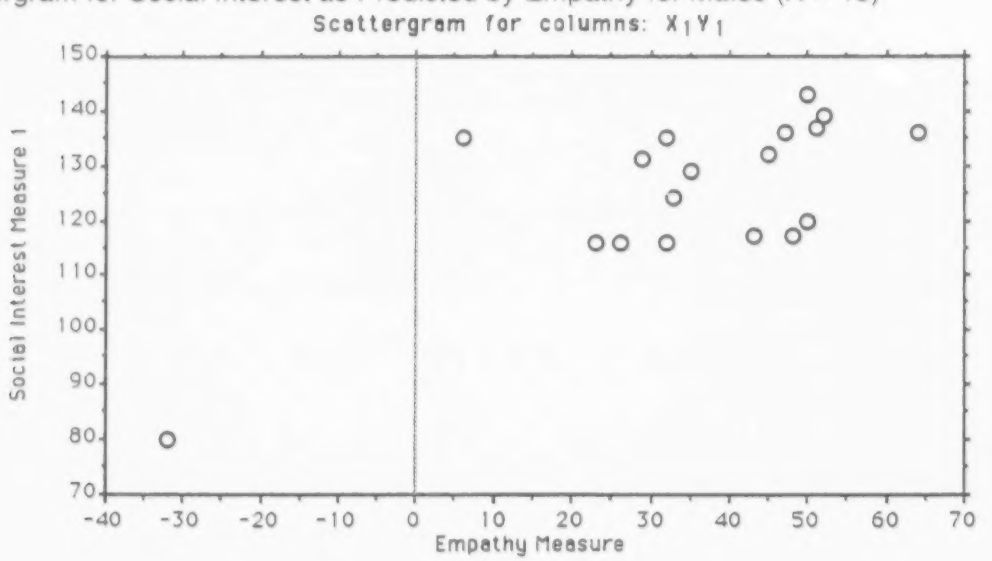


FIGURE C -5

Scattergram for Social Interest as Predicted by Assertiveness for Females (N = 77)

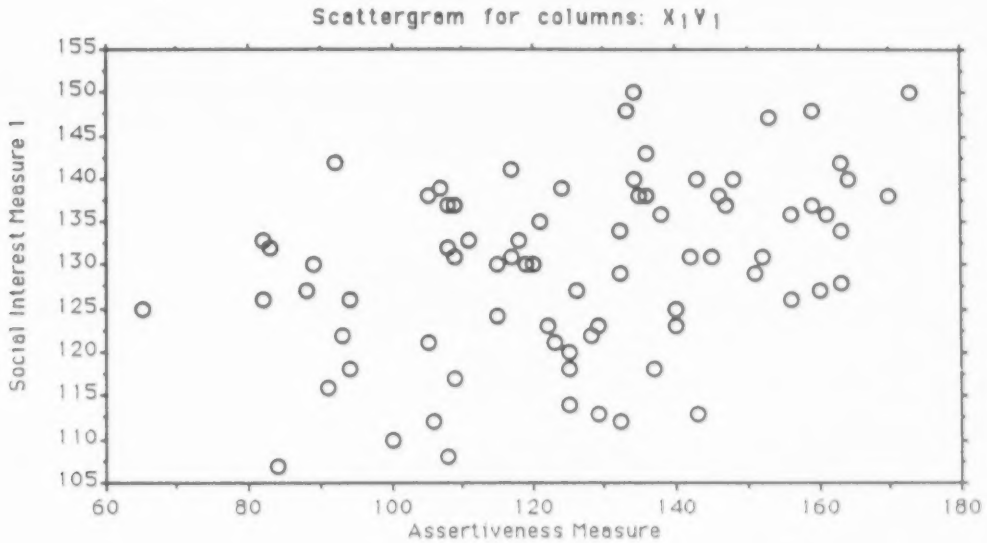


FIGURE C -6

Scattergram for Social Interest as Predicted by Empathy for Females (N = 77)